

ONE HUNDRED AND TWENTY-SIXTH LEGISLATURE
FIRST REGULAR SESSION
45th Legislative Day
Tuesday, May 21, 2013

The House met according to adjournment and was called to order by the Speaker.

Prayer by The Very Reverend Doctor Benjamin Shambaugh, Cathedral Church of St. Luke, Portland.

National Anthem by Mt. Blue Voices, Mt. Blue High School, Farmington.

Pledge of Allegiance.

Doctor of the day, Doug Collins, M.D., North Yarmouth.

The Journal of yesterday was read and approved.

COMMUNICATIONS

The Following Communication: (H.P. 1116)

TOWN OF HOULTON

21 WATER STREET

HOULTON, MAINE 04730

**HOULTON TOWN COUNCIL RESOLVE IN OPPOSITION TO
THE ELIMINATION OF STATE REVENUE SHARING AND
OTHER PROPERTY TAX RELIEF PROGRAMS**

WHEREAS, the Houlton Town Council has reviewed the proposed budget submitted by the Governor for the 2014-2015 biennium; and,

WHEREAS, his budget proposal would effectively eliminate or drastically curtail many programs that were implemented over many years to provide property tax relief to residents and businesses throughout every Maine community; and,

WHEREAS, these programs include the elimination of State Revenue Sharing, elimination of the Circuit Breaker and Homestead Exemption programs for those under 65, elimination of the BETR program, confiscation of commercial excise taxes, and transfer half of the teachers' normal retirement costs onto the local schools; and,

WHEREAS, the total dollar impact on the Town of Houlton would be approximately \$1,400,000 and would increase the Town's mill rate by just under 25% if these reductions were implemented and no local budget reductions could be made to offset some of the likely property tax increase;

NOW, THEREFORE,

IT IS RESOLVED that the Houlton Town Council, in session assembled on May 13, 2013, hereby calls upon the Maine State Legislature to oppose the above noted eliminations, confiscations, and transfers that would have the impact of raising property taxes significantly and threatening the Town's ability to deliver important local services.

IT IS FURTHER RESOLVED that the Houlton Town Council calls upon the Legislature to maintain the above municipal programs intact due to their primary purpose to lower property taxes for residents and businesses and to not impose additional property taxes to fund the teachers' retirement system.

Date: May 13, 2013

S/Paul J. Cleary, Chairman

S/Susan M. Tortello, Secretary

S/Daniel C. Peabody

S/John H. Fitzpatrick

S/John White, Jr.

S/Robert P. Hannigan

A Tue Copy: Attest S/Cathy J. O'Leary, Town Clerk

May 17, 2013

**READ and REFERRED to the Committee on
APPROPRIATIONS AND FINANCIAL AFFAIRS.**

The Following Communication: (S.C. 363)

MAINE SENATE

126TH LEGISLATURE

OFFICE OF THE SECRETARY

May 20, 2013

Honorable Mark W. Eves

Speaker of the House

2 State House Station

Augusta, Maine 04333

Dear Speaker Eves:

In accordance with 3 M.R.S.A. §158 and Joint Rule 506 of the 126th Maine Legislature, please be advised that the Senate today confirmed the following nominations:

Upon the recommendation of the Committee on Criminal Justice and Public Safety, the nominations of Honorable Susan E. Morissette of Winslow and Amy R. Fowler of Palermo for appointment to the State Board of Corrections.

Sincerely,

S/Darek M. Grant

Secretary of the Senate

READ and ORDERED PLACED ON FILE.

Under suspension of the rules, members were allowed to remove their jackets.

ORDERS

On motion of Representative BRIGGS of Mexico, the following Joint Resolution: (H.P. 1115) (Cosponsored by Representatives: AYOTTE of Caswell, BEAR of the Houlton Band of Maliseet Indians, BEAUDOIN of Biddeford, BEAULIEU of Auburn, BEAVERS of South Berwick, BECK of Waterville, BENNETT of Kennebunk, BERRY of Bowdoinham, BLACK of Wilton, BOLAND of Sanford, BOLDUC of Auburn, BROOKS of Winterport, CAMPBELL of Newfield, CAMPBELL of Orrington, CAREY of Lewiston, CASAVANT of Biddeford, CASSIDY of Lubec, CHAPMAN of Brooksville, CHASE of Wells, CHENETTE of Saco, CHIPMAN of Portland, CLARK of Easton, COOPER of Yarmouth, COTTA of China, CRAFTS of Lisbon, CRAY of Palmyra, CROCKETT of Bethel, DAUGHTRY of Brunswick, DAVIS of Sangerville, DeCHANT of Bath, DEVIN of Newcastle, DICKERSON of Rockland, DILL of Old Town, DION of Portland, DOAK of Columbia Falls, DORNEY of Norridgewock, DUNPHY of Embden, DUPREY of Hampden, ESPLING of New Gloucester, EVANGELOS of Friendship, Speaker EVES of North Berwick, FARNSWORTH of Portland, FITZPATRICK of Houlton, FOWLE of Vassalboro, FREDETTE of Newport, FREY of Bangor, GATTINE of Westbrook, GIDEON of Freeport, GIFFORD of Lincoln, GILBERT of Jay, GILLWAY of Searsport, GOODE of Bangor, GRAHAM of North Yarmouth, GRANT of Gardiner, GUERIN of Glenburn, HAMANN of South Portland, HARLOW of Portland, HARVELL of Farmington, HAYES of Buckfield, HERBIG of Belfast, HICKMAN of Winthrop, HOBBS of Saco, HUBBELL of Bar Harbor, JACKSON of Oxford, JOHNSON of Eddington, JOHNSON of Greenville, JONES of Freedom, JORGENSEN of Portland, KAENRATH of South Portland, KENT of Woolwich, KESCHL of Belgrade, KINNEY of Limington, KNIGHT of Livermore Falls, KORNFIELD of Bangor, KRUGER of Thomaston, KUMIEGA of Deer Isle, KUSIAK of Fairfield, LAJOIE of Lewiston, LIBBY of Waterboro, LIBBY of Lewiston, LOCKMAN of Amherst, LONG of Sherman, LONGSTAFF of Waterville, LUCHINI of Ellsworth, MacDONALD of Old Orchard Beach,

MacDONALD of Boothbay, MAKER of Calais, MALABY of Hancock, MAREAN of Hollis, MARKS of Pittston, MASON of Topsham, MASTRACCIO of Sanford, McCABE of Skowhegan, McCLELLAN of Raymond, McELWEE of Caribou, McGOWAN of York, McLEAN of Gorham, MITCHELL of the Penobscot Nation, MONAGHAN-DERRIG of Cape Elizabeth, MOONEN of Portland, MORIARTY of Cumberland, MORRISON of South Portland, NADEAU of Winslow, NELSON of Falmouth, NEWENDYKE of Litchfield, NOON of Sanford, NUTTING of Oakland, PARRY of Arundel, PEASE of Morrill, PEAVEY HASKELL of Milford, PEOPLES of Westbrook, PETERSON of Rumford, PLANTE of Berwick, POULIOT of Augusta, POWERS of Naples, PRIEST of Brunswick, PRINGLE of Windham, RANKIN of Hiram, REED of Carmel, ROCHELO of Biddeford, ROTUNDO of Lewiston, RUSSELL of Portland, RYKERSON of Kittery, SANBORN of Gorham, SANDERSON of Chelsea, SAUCIER of Presque Isle, SAXTON of Harpswell, SCHNECK of Bangor, SHAW of Standish, SHORT of Pittsfield, SIROCKI of Scarborough, SOCTOMAH of the Passamaquoddy Tribe, STANLEY of Medway, STUCKEY of Portland, THERIAULT of Madawaska, TIMBERLAKE of Turner, TIPPING-SPITZ of Orono, TREAT of Hallowell, TURNER of Burlington, TYLER of Windham, VEROW of Brewer, VILLA of Harrison, VOLK of Scarborough, WALLACE of Dexter, WEAVER of York, WELSH of Rockport, WERTS of Auburn, WILLETTE of Mapleton, WILSON of Augusta, WINCHENBACH of Waldoboro, WINSOR of Norway, WOOD of Sabattus, Senators: President ALFOND of Cumberland, BOYLE of Cumberland, BURNS of Washington, CAIN of Penobscot, CLEVELAND of Androscoggin, COLLINS of York, CRAVEN of Androscoggin, CUSHING of Penobscot, DUTREMBLE of York, FLOOD of Kennebec, GERZOFKY of Cumberland, GOODALL of Sagadahoc, HAMPER of Oxford, HASKELL of Cumberland, HILL of York, JACKSON of Aroostook, JOHNSON of Lincoln, KATZ of Kennebec, LACHOWICZ of Kennebec, LANGLEY of Hancock, MASON of Androscoggin, MAZUREK of Knox, MILLETT of Cumberland, PATRICK of Oxford, PLUMMER of Cumberland, SAVIELLO of Franklin, SHERMAN of Aroostook, THIBODEAU of Waldo, THOMAS of Somerset, TUTTLE of York, VALENTINO of York, WHITEMORE of Somerset, WOODBURY of Cumberland, YOUNGBLOOD of Penobscot)

JOINT RESOLUTION RECOGNIZING MAY 2013 AS LYME DISEASE AWARENESS MONTH

WHEREAS, the health and well-being of the citizens of the State are of paramount importance and Lyme disease is a common but frequently misunderstood illness that, if not caught early and treated properly, can cause serious health problems; and

WHEREAS, according to the federal Centers for Disease Control and Prevention, Lyme disease was identified and named in 1977, when arthritis was observed in a cluster of children in and around Lyme, Connecticut, and the Council of State and Territorial Epidemiologists designated Lyme disease as a nationally notifiable disease in January 1991; and

WHEREAS, Lyme disease is the most commonly reported vector-borne disease in the United States and is caused by the spirochete *Borrelia burgdorferi*, which is usually transmitted by the bite of a tick. Children 5 to 9 years of age and adults in their 50s and 60s comprise the age groups at the highest risk; and

WHEREAS, Lyme disease early on can cause rashes and flu-like symptoms such as fever, muscle aches, headaches and fatigue but can be treated with antibiotics if caught early. Unfortunately the disease often goes undetected because it mimics other illnesses or may be misdiagnosed; and

WHEREAS, if left untreated, Lyme disease can lead to severe heart, neurological, eye and joint problems because the bacteria can affect many different organs and organ systems; and

WHEREAS, the best protection against Lyme disease is to wear light-colored clothing, with pants tucked into socks when outdoors, and to check oneself carefully for ticks when going back inside; and

WHEREAS, epidemiologists have seen increases in the number of diagnoses of Lyme disease over the past 5 years and the state case rate for Lyme disease in Maine reached a record high in 2012 at 83.7 cases per 100,000 persons, with 1,111 Maine residents diagnosed with probable and confirmed cases of the disease; and

WHEREAS, Lyme disease accounts for 95% of all vector-borne infections in the United States and the ticks that spread Lyme disease also spread other diseases, such as ehrlichiosis, anaplasmosis and babesiosis, and the presence of other tick-borne diseases clouds the diagnostic and treatment picture; and

WHEREAS, Lyme disease is the 6th most common nationally notifiable disease and yet the disease does not occur nationwide and is concentrated heavily in the Northeast and upper Midwest, with 96% of Lyme disease cases being reported from 13 states; and

WHEREAS, during 2011, there were 33,097 new cases nationally of confirmed and probable cases of Lyme disease, adding to the hundreds of thousands of confirmed cases of this disease; and

WHEREAS, having a Lyme Disease Awareness Month provides an opportunity to focus on this significant and complex disease; to provide information on and raise public awareness of its causes, effects and treatments; and to underscore important education and research efforts surrounding Lyme disease and other tick-borne diseases; now, therefore, be it

RESOLVED: That We, the Members of the One Hundred and Twenty-sixth Legislature now assembled in the First Regular Session, on behalf of the people we represent, recognize that May 2013 is Lyme Disease Awareness Month in order to make our citizens more aware of this prevalent disease; and be it further

RESOLVED: That suitable copies of this resolution, duly authenticated by the Secretary of State, be transmitted to the Department of Health and Human Services.

READ.

The SPEAKER: The Chair recognizes the Representative from Mexico, Representative Briggs.

Representative **BRIGGS**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. As we may know, May is Lyme Disease Awareness Month. This month is all about promoting education of Lyme disease.

According to MaineLyme: Lyme disease has been reported in all sixteen Maine counties and continues to be on the rise in Maine. In 2012, there were over 1,000 confirmed and probable cases reported to the Maine CDC, which may under-estimate the true number of cases of Lyme disease by a factor of ten. Many people are infected along the coast, especially in York and Cumberland counties, and along the inland river valleys, such as in Kennebec, Knox, and Androscoggin counties. Lyme disease can be devastating. In 2012, 47 patients were hospitalized with Lyme disease. Diagnosing Lyme can be difficult, and patients should work in partnership with their physicians. A rash, with or without a bull's eye appearance, is diagnostic for Lyme disease, but 49 percent of cases reported in Maine in 2012 did not include the rash.

Yesterday, in this very chamber, we accomplished a huge milestone going forward with the passing of LD 597 for the people of Maine. We need to keep it going. We need to keep an open mind with respect to the education, the resources, and data that continue to become available to combat this most crippling disease for the thousands of people in the State of Maine who are affected so severely with this silent killer of Lyme disease. I am very grateful and appreciative to have the Maine CDC here today in the Hall of Flags from 1:00 to 3:00 to promote the education of Lyme disease. Please stop by. I would also like to thank this legislative body for signing on to this Joint Resolution Recognizing May 2013 as Lyme Disease Awareness Month. And it's great to see all the Lyme Color Green in the House today. Thank you, Mr. Speaker.

Subsequently, the Joint Resolution was **ADOPTED**.
Sent for concurrence.

REPORTS OF COMMITTEE

Divided Reports

Majority Report of the Committee on **CRIMINAL JUSTICE AND PUBLIC SAFETY** reporting **Ought to Pass** on Bill "An Act To Amend the Motor Vehicle Ignition Interlock Device Requirements in the Laws Regarding Operating Under the Influence"

(S.P. 36) (L.D. 85)

Signed:

Senators:

GERZOFISKY of Cumberland
DUTREMBLE of York
PLUMMER of Cumberland

Representatives:

DION of Portland
CASAVANT of Biddeford
KAENRATH of South Portland
LAJOIE of Lewiston
MARKS of Pittston
PLANTE of Berwick
TYLER of Windham
WILSON of Augusta

Minority Report of the same Committee reporting **Ought Not to Pass** on same Bill.

Signed:

Representatives:

LONG of Sherman
PEASE of Morrill

Came from the Senate with the Majority **OUGHT TO PASS** Report **READ** and **ACCEPTED** and the Bill **PASSED TO BE ENGROSSED**.

READ.

On motion of Representative McCABE of Skowhegan, the Majority **Ought to Pass** Report was **ACCEPTED**.

The Bill was **READ ONCE**.

Under suspension of the rules the Bill was given its **SECOND READING WITHOUT REFERENCE** to the Committee on **Bills in the Second Reading**.

Under further suspension of the rules the Bill was **PASSED TO BE ENGROSSED** in concurrence.

Majority Report of the Committee on **TAXATION** reporting **Ought Not to Pass** on Bill "An Act To Provide an Internship Employment Tax Credit"

(S.P. 381) (L.D. 1099)

Signed:

Senators:

HASKELL of Cumberland
MILLETT of Cumberland
THOMAS of Somerset

Representatives:

GOODE of Bangor
BROOKS of Winterport
JACKSON of Oxford
KNIGHT of Livermore Falls
LIBBY of Lewiston
MAREAN of Hollis
MOONEN of Portland
STANLEY of Medway
TIPPING-SPITZ of Orono

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (S-95)** on same Bill.

Signed:

Representative:

BENNETT of Kennebunk

Came from the Senate with the Majority **OUGHT NOT TO PASS** Report **READ** and **ACCEPTED**.
READ.

On motion of Representative BERRY of Bowdoinham, the Majority **Ought Not to Pass** Report was **ACCEPTED** in concurrence.

Eleven Members of the Committee on **ENVIRONMENT AND NATURAL RESOURCES** report in Report "A" **Ought to Pass as Amended by Committee Amendment "A" (S-91)** on Bill "An Act To Amend the Site Location of Development Laws"

(S.P. 244) (L.D. 695)

Signed:

Senators:

BOYLE of Cumberland
GRATWICK of Penobscot
SAVIELLO of Franklin

Representatives:

WELSH of Rockport
AYOTTE of Caswell
CAMPBELL of Orrington
CHIPMAN of Portland
COOPER of Yarmouth
GRANT of Gardiner
McGOWAN of York
REED of Carmel

One Member of the same Committee reports in Report "B" **Ought to Pass** on same Bill.

Signed:

Representative:

LONG of Sherman

One Member of the same Committee reports in Report "C" **Ought Not to Pass** on same Bill.

Signed:
Representative:
HARLOW of Portland

Came from the Senate with Report "A" **OUGHT TO PASS AS AMENDED READ** and **ACCEPTED** and the Bill **PASSED TO BE ENGROSSED AS AMENDED BY COMMITTEE AMENDMENT "A" (S-91)**.

READ.

On motion of Representative WELSH of Rockport, Report "A" **Ought to Pass as Amended** was **ACCEPTED**.

The Bill was **READ ONCE**. **Committee Amendment "A" (S-91)** was **READ** by the Clerk and **ADOPTED**.

Under suspension of the rules the Bill was given its **SECOND READING WITHOUT REFERENCE** to the Committee on **Bills in the Second Reading**.

Under further suspension of the rules the Bill was **PASSED TO BE ENGROSSED as Amended by Committee Amendment "A" (S-91)** in concurrence.

Majority Report of the Committee on **STATE AND LOCAL GOVERNMENT** reporting **Ought Not to Pass** on Bill "An Act To Improve Access to Public Land Records"

(H.P. 315) (L.D. 465)

Signed:
Senators:
LACHOWICZ of Kennebec
COLLINS of York

Representatives:
GRAHAM of North Yarmouth
BOLDUC of Auburn
CHENETTE of Saco
COTTA of China
MacDONALD of Old Orchard Beach
NADEAU of Winslow
NADEAU of Fort Kent
PEASE of Morrill

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (H-199)** on same Bill.

Signed:
Representative:
HAYES of Buckfield

READ.

Representative GRAHAM of North Yarmouth moved that the House **ACCEPT** the Majority **Ought Not to Pass** Report.

Representative JONES of Freedom **REQUESTED** a roll call on the motion to **ACCEPT** the Majority **Ought Not to Pass** Report.

More than one-fifth of the members present expressed a desire for a roll call which was ordered.

The **SPEAKER**: A roll call has been ordered. The pending question before the House is Acceptance of the Majority **Ought Not to Pass** Report. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 109

YEA - Ayotte, Beaulieu, Beck, Bennett, Berry, Black, Bolduc, Briggs, Brooks, Campbell J, Campbell R, Carey, Casavant, Cassidy, Chapman, Chase, Chenette, Chipman, Clark, Cooper, Cotta, Crafts, Cray, Daughtry, Davis, DeChant, Devin, Dickerson, Dill, Doak, Dorney, Dunphy, Duprey, Espling, Farnsworth,

Fitzpatrick, Fowle, Fredette, Frey, Gattine, Gideon, Gifford, Gilbert, Gillway, Goode, Graham, Grant, Guerin, Hamann, Harlow, Harvell, Herbig, Hubbell, Jackson, Johnson D, Johnson P, Jorgensen, Kaenrath, Kent, Keschl, Kinney, Knight, Kornfield, Kruger, Kumiega, Kusiak, Lajoie, Libby N, Lockman, Long, Longstaff, Luchini, MacDonald S, MacDonald W, Maker, Malaby, Marean, Marks, Mason, Mastraccio, McCabe, McElwee, McGowan, McLean, Monaghan-Derrig, Moonen, Morrison, Nadeau C, Nelson, Newendyke, Noon, Nutting, Parry, Pease, Peavey Haskell, Plante, Pouliot, Pringle, Rankin, Reed, Rochelo, Rotundo, Russell, Rykerson, Sanborn, Sanderson, Saucier, Saxton, Schneck, Shaw, Sirocki, Stanley, Stuckey, Therault, Timberlake, Tipping-Spitz, Treat, Turner, Tyler, Verow, Villa, Weaver, Welsh, Willette, Wilson, Winchenbach, Winsor, Mr. Speaker.

NAY - Beavers, Evangelos, Hayes, Hickman, Jones, McClellan, Moriarty, Nadeau A, Peoples, Short, Wallace, Werts, Wood.

ABSENT - Beaudoin, Boland, Crockett, Dion, Hobbins, Libby A, Peterson, Powers, Priest, Volk.

Yes, 128; No, 13; Absent, 10; Excused, 0.

128 having voted in the affirmative and 13 voted in the negative, with 10 being absent, and accordingly the Majority **Ought Not to Pass** Report was **ACCEPTED** and sent for concurrence.

Majority Report of the Committee on **STATE AND LOCAL GOVERNMENT** reporting **Ought Not to Pass** on Bill "An Act To Change the Schedule for the Beginning of the Biennial Budget Cycle"

(H.P. 58) (L.D. 80)

Signed:
Senator:
LACHOWICZ of Kennebec

Representatives:
GRAHAM of North Yarmouth
BOLAND of Sanford
CHENETTE of Saco
NADEAU of Winslow
PEASE of Morrill

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (H-200)** on same Bill.

Signed:
Senator:
COLLINS of York

Representatives:
COTTA of China
HAYES of Buckfield
MacDONALD of Old Orchard Beach
NADEAU of Fort Kent

READ.

On motion of Representative GRAHAM of North Yarmouth, the Majority **Ought Not to Pass** Report was **ACCEPTED** and sent for concurrence.

Majority Report of the Committee on **STATE AND LOCAL GOVERNMENT** reporting **Ought Not to Pass** on Resolve, Authorizing the Sale of Certain Property in Augusta to Motivational Services, Inc.

(H.P. 245) (L.D. 340)

Signed:

Senators:

LACHOWICZ of Kennebec

COLLINS of York

Representatives:

GRAHAM of North Yarmouth

BOLDUC of Auburn

CHENETTE of Saco

COTTA of China

HAYES of Buckfield

NADEAU of Winslow

NADEAU of Fort Kent

PEASE of Morrill

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (H-201)** on same Resolve.

Signed:

Representative:

MacDONALD of Old Orchard Beach

READ.

Representative GRAHAM of North Yarmouth moved that the House **ACCEPT** the Majority **Ought Not to Pass** Report.

Representative FREDETTE of Newport **REQUESTED** a roll call on the motion to **ACCEPT** the Majority **Ought Not to Pass** Report.

More than one-fifth of the members present expressed a desire for a roll call which was ordered.

The SPEAKER: The Chair recognizes the Representative from Augusta, Representative Wilson.

Representative **WILSON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. This is a bill that is very important to me and I hope it will be important to you as well. I will be opposing the pending motion and, hopefully, will urge members to vote with me. Essentially, what this bill does is the Minority Report, which hopefully we will be able to consider, will allow for these properties to be sold in an open bidding process. These are two buildings that were previously housing group home forensic patients. These buildings are sitting there vacant right now. They are slated for demolition. I don't understand why we would demolish buildings which have a substantial value. In fact, about 10 years ago, \$750,000 were invested into these two buildings. They are in great condition. Somebody could move into them right now. A homeless shelter, anybody. They are in great shape. I don't think that we should be in the business of demolishing buildings that are state owned, simply so we can construct a park there, when the report that says that we should construct a park there was done about 15 years ago. We've seen a movement towards selling buildings that are owned by the state in the last few years. I hope that we will be able to sell these buildings. I'm not going to go into too much detail because I know that this is a local Augusta issue as well, but I urge you to oppose this because we definitely need money in this budget. We can slate this money, we can book this money, and we can use it. We should not be demolishing buildings that have a value. Please, I urge you to oppose the pending motion. Thank you.

The SPEAKER: The Chair recognizes the Representative from North Yarmouth, Representative Graham.

Representative **GRAHAM**: Thank you, Mr. Speaker. Very briefly, quite honestly, I would very much support what the good Representative from Augusta brought forward. The dilemma that we saw that there are restrictions, these buildings are on the AMHI campus and because of that, there are restrictions as far as selling the buildings. I completely agree with him that I would like to use these buildings in a very purposeful way. We don't want empty buildings and we don't want to demolish them, but the reality is that we have significant restrictions regarding structures on the AMHI campus and how they are sold. So that is why this Majority Ought Not to Pass is there.

The SPEAKER: The Chair recognizes the Representative from Hallowell, Representative Treat.

Representative **TREAT**: Mr. Speaker, may I pose a question through the Chair?

The SPEAKER: The Representative may pose her question.

Representative **TREAT**: To anyone who may know the answer, are the buildings in question on the historic list of properties or could you provide more information about what these buildings are?

The SPEAKER: The Representative from Hallowell, Representative Treat, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Augusta, Representative Wilson.

Representative **WILSON**: I can answer that question. These buildings do not have historical value. They are not historical buildings. They just happen to be on land that is actually behind the old AMHI buildings that are currently being used now. These are totally separate buildings. They were constructed only for – they were previously doctors' houses actually, so they were upscale buildings. They were converted about 10 years ago to be used for, to house the group home patients, which were subsequently moved out into the neighborhoods in Augusta, which we will be discussing at a later point in this very body. So these buildings are in very good shape. They are not historical buildings. They have value to them. Yes, there will be deed restrictions, absolutely. But we should be able to still sell them. The deed restrictions don't restrict from being sold. Just because there is deed restrictions, we should still be considering selling these because we need this money and we can definitely utilize those funds for other means. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from China, Representative Cotta.

Representative **COTTA**: Mr. Speaker, may I pose a question through the Chair?

The SPEAKER: The Representative may pose his question.

Representative **COTTA**: These buildings, they were occupied earlier. My question through the Chair, does anyone know who the occupant was, was it an organization, or whatever, and why they moved?

The SPEAKER: The Representative from China, Representative Cotta, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Augusta, Representative Wilson.

Representative **WILSON**: Thank you, Mr. Speaker. To answer the good Representative's question, they were previously housed and occupied by Motivational Services. They've been state owned; however, through an agreement, Motivational Services provided care to forensic patients that were previously housed in Riverview Psychiatric Facility. They moved out of there and then they were housed in this facility. Motivational

Services, last year, in 2012, moved those forensic patients at the request of the state off state property as a result of federal benefits being denied for forensic patients being housed on state property. So, that was what initiated the movement of those forensic patients, they are no longer there, and since then, those buildings have sat there vacant. And I would just like to add one more point to completely answer the question. When these forensic patients were first housed there about 10 years ago, the master plan which slated these properties for demolition was in effect then. It's still in effect now. So we invested \$750,000, state funds, into a facility which was technically slated for demolition at that time. It's slated for demolition now. We shouldn't demolish it. Thank you.

The SPEAKER: The Chair recognizes the Representative from Freedom, Representative Jones.

Representative **JONES**: Thank you, Mr. Speaker. The question I have before the House is, is it indeed appropriate for the state, meaning the people, to dispose of its property with a designated buyer rather than going to open competitive bids, therefore maximizing a return to the people?

The SPEAKER: The Chair recognizes the Representative from Freedom, Representative Jones.

Representative **JONES**: Thank you, Mr. Speaker. Perhaps more rhetorical, a question to the House.

The SPEAKER: The Chair recognizes the Representative from Augusta, Representative Wilson.

Representative **WILSON**: Thank you, Mr. Speaker. I'm not in the habit of answering rhetorical questions, but I have to in response to the good Representative from Freedom. The pending motion would not allow for the properties to be sold. Neither will the Minority Report. The Minority Report does not designate an entity for which the property is to be sold to. It just authorizes for the sale of the property period. So I hope that answers the rhetorical question. Thank you.

The SPEAKER: The Chair would just take the opportunity to remind members to speak a third time on the floor in the same matter, you need to get permission from the members, and answering questions through the Chair, those do not count as times speaking. If you do transition into debate after the question, then it would count and I just preface that for later debate that we might have. A second answering a question through the Chair does not count as a time standing and speaking.

A roll call has been ordered. The pending question before the House is Acceptance of the Majority Ought Not to Pass Report. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 110

YEA - Beck, Berry, Bolduc, Brooks, Campbell J, Campbell R, Carey, Cassidy, Chenette, Chipman, Cooper, Cotta, Crafts, Devin, Dickerson, Dill, Dorney, Duprey, Espling, Farnsworth, Frey, Gattine, Gideon, Gilbert, Goode, Graham, Hamann, Harlow, Hayes, Herbig, Hickman, Hubbell, Jones, Jorgensen, Kent, Keschl, Kornfield, Kruger, Kumiega, Kusiak, Libby A, Libby N, Long, Longstaff, Luchini, MacDonald W, Maker, Marean, Mastraccio, McCabe, McGowan, McLean, Monaghan-Derrig, Moonen, Nadeau A, Nadeau C, Nelson, Noon, Nutting, Pease, Peoples, Plante, Pringle, Rankin, Rochelo, Rotundo, Sanborn, Saucier, Saxton, Schneck, Shaw, Stanley, Stuckey, Theriault, Timberlake, Tipping-Spitz, Treat, Villa, Welsh, Werts, Winsor, Mr. Speaker.

NAY - Ayotte, Beaulieu, Beavers, Bennett, Black, Briggs, Casavant, Chapman, Chase, Clark, Cray, Daughtry, Davis, DeChant, Doak, Dunphy, Evangelos, Fitzpatrick, Fowle, Fredette, Gifford, Gillway, Grant, Guerin, Harvell, Jackson, Johnson D, Johnson P, Kaenrath, Kinney, Knight, Lajoie, Lockman,

MacDonald S, Malaby, Marks, Mason, McClellan, McElwee, Moriarty, Morrison, Newendyke, Parry, Peavey Haskell, Pouliot, Reed, Russell, Rykerson, Sanderson, Short, Sirocki, Turner, Tyler, Verow, Volk, Wallace, Weaver, Willette, Wilson, Winchenbach, Wood.

ABSENT - Beaudoin, Boland, Crockett, Dion, Hobbins, Peterson, Powers, Priest.

Yes, 82; No, 61; Absent, 8; Excused, 0.

82 having voted in the affirmative and 61 voted in the negative, with 8 being absent, and accordingly the Majority **Ought Not to Pass** Report was **ACCEPTED** and sent for concurrence.

ENACTORS

Acts

An Act To Amend the Charter of the South Berwick Sewer District

(H.P. 1042) (L.D. 1457)

Reported by the Committee on **Engrossed Bills** as truly and strictly engrossed, **PASSED TO BE ENACTED**, signed by the Speaker and sent to the Senate.

By unanimous consent, all matters having been acted upon were **ORDERED SENT FORTHWITH**.

The following items were taken up out of order by unanimous consent:

UNFINISHED BUSINESS

The following matters, in the consideration of which the House was engaged at the time of adjournment yesterday, had preference in the Orders of the Day and continued with such preference until disposed of as provided by House Rule 502.

Joint Order, Directing the Joint Standing Committee on State and Local Government To Report Out a Bill Regarding Term Limits for Legislators

(H.P. 1097)

TABLED - May 9, 2013 (Till Later Today) by Representative McCABE of Skowhegan.

PENDING - **PASSAGE**.

Representative COTTA of China moved that the House **INDEFINITELY POSTPONE** the Joint Order and all accompanying papers.

The SPEAKER: The Chair recognizes the Representative from China, Representative Cotta.

Representative **COTTA**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. A little bit of background, this Joint Order, what happened was there is a piece of legislation requesting an amendment to the Maine Constitution defining the terms of both of the chambers from two to four years, and in doing so, it actually came about that the term limits are resident in statute. This Joint Order came forward, I put it forward and thanks to our very wise Clerk, there was a conflict because we are actually asking for something before the people had answered. So, that's why the Joint Order is put in. It is hereby withdrawn. I would also like to point out that, by action in committee, the original request to amend the Maine Constitution now includes term limits as well as the length of the term. So, it will be before this body. After a while, we will have a chance to weigh in on it and it will be sent to the people should it pass. But that's the idea behind the Joint Order. I thank the Clerk from saving me from a very awkward situation. Thank you, Mr. Speaker.

Subsequently, the Joint Order and all accompanying papers were **INDEFINITELY POSTPONED**.

Expression of Legislative Sentiment Recognizing Ann Lee Hussey, of South Berwick

(SLS 319)

- In Senate, **READ** and **PASSED**.

TABLED - May 14, 2013 (Till Later Today) by Representative BERRY of Bowdoinham.

PENDING - **PASSAGE**.

Subsequently, the Sentiment was **PASSED** in concurrence.

Resolve, Regarding Legislative Review of Portions of Chapter 882: Designation of Bisphenol A as a Priority Chemical and Regulation of Bisphenol A in Children's Products, a Major Substantive Rule of the Department of Environmental Protection (EMERGENCY)

(H.P. 625) (L.D. 902)

TABLED - May 20, 2013 (Till Later Today) by Representative FREDETTE of Newport.

PENDING - **FINAL PASSAGE**. (Roll Call Ordered)

The SPEAKER: A roll call having been previously ordered, the pending question before the House is Final Passage. All those in favor will vote yes, those opposed will vote no.

This being an emergency measure, a two-thirds vote of all the members elected to the House being necessary, a total was taken.

ROLL CALL NO. 111

YEA - Ayotte, Beaulieu, Beavers, Beck, Bennett, Berry, Black, Bolduc, Briggs, Brooks, Campbell J, Campbell R, Carey, Casavant, Cassidy, Chapman, Chase, Chenette, Chipman, Clark, Cooper, Cotta, Crafts, Cray, Daughtry, Davis, DeChant, Devin, Dickerson, Dill, Doak, Dorney, Dunphy, Duprey, Espling, Evangelos, Farnsworth, Fitzpatrick, Fowle, Fredette, Frey, Gattine, Gideon, Gifford, Gilbert, Gillway, Goode, Graham, Grant, Guerin, Hamann, Harlow, Harvell, Hayes, Herbig, Hickman, Hubbell, Jackson, Johnson D, Johnson P, Jones, Jorgensen, Kaenrath, Kent, Keschl, Kinney, Knight, Kornfield, Kruger, Kumiega, Kusiak, Lajoie, Libby A, Libby N, Lockman, Long, Longstaff, Luchini, MacDonald S, MacDonald W, Maker, Malaby, Marean, Marks, Mason, Mastraccio, McCabe, McClellan, McElwee, McGowan, McLean, Monaghan-Derrig, Moonen, Moriarty, Morrison, Nadeau A, Nadeau C, Nelson, Newendyke, Noon, Nutting, Parry, Pease, Peavey Haskell, Peoples, Plante, Pouliot, Priest, Pringle, Rankin, Reed, Rochelo, Rotundo, Russell, Rykerson, Sanborn, Sanderson, Saucier, Saxton, Schneck, Shaw, Short, Sirocki, Stanley, Stuckey, Theriault, Timberlake, Tipping-Spitz, Treat, Turner, Tyler, Verow, Villa, Volk, Wallace, Weaver, Welsh, Werts, Willette, Wilson, Winchenbach, Winsor, Wood, Mr. Speaker.

NAY - NONE.

ABSENT - Beaudoin, Boland, Crockett, Dion, Hobbins, Peterson, Powers.

Yes, 144; No, 0; Absent, 7; Excused, 0.

144 having voted in the affirmative and 0 voted in the negative, with 7 being absent, and accordingly the Resolve was **FINALLY PASSED**, signed by the Speaker and sent to the Senate.

REPORTS OF COMMITTEE

Divided Reports

Majority Report of the Committee on **CRIMINAL JUSTICE AND PUBLIC SAFETY** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-205)** on Bill "An Act To Amend the Laws Governing Prosecution of Individuals Possessing a Controlled Substance under Certain Circumstances"

(H.P. 735) (L.D. 1044)

Signed:

Senators:

GERZOFSKY of Cumberland

DUTREMBLE of York

PLUMMER of Cumberland

Representatives:

DION of Portland

CASAVANT of Biddeford

KAENRATH of South Portland

LAJOIE of Lewiston

MARKS of Pittston

PEASE of Morrill

PLANTE of Berwick

TYLER of Windham

WILSON of Augusta

Minority Report of the same Committee reporting **Ought Not to Pass** on same Bill.

Signed:

Representative:

LONG of Sherman

READ.

On motion of Representative BERRY of Bowdoinham, the Majority **Ought to Pass as Amended** Report was **ACCEPTED**.

The Bill was **READ ONCE**. **Committee Amendment "A" (H-205)** was **READ** by the Clerk and **ADOPTED**.

Under suspension of the rules the Bill was given its **SECOND READING WITHOUT REFERENCE** to the Committee on **Bills in the Second Reading**.

Under further suspension of the rules the Bill was **PASSED TO BE ENGROSSED as Amended by Committee Amendment "A" (H-205)** and sent for concurrence.

Majority Report of the Committee on **JUDICIARY** reporting **Ought Not to Pass** on Bill "An Act To Impose a Duty To Warn and Protect on Mental Health Professionals"

(H.P. 844) (L.D. 1200)

Signed:

Senators:

VALENTINO of York

BURNS of Washington

TUTTLE of York

Representatives:

PRIEST of Brunswick

BEAULIEU of Auburn

CROCKETT of Bethel

GUERIN of Glenburn

MONAGHAN-DERRIG of Cape Elizabeth

PEAVEY HASKELL of Milford

VILLA of Harrison

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (H-207)** on same Bill.

Signed:

Representatives:

DeCHANT of Bath

MOONEN of Portland

MORIARTY of Cumberland

Representative MITCHELL of the Penobscot Nation - of the House - supports the Majority **Ought Not to Pass** Report.

READ.

On motion of Representative PRIEST of Brunswick, the Majority **Ought Not to Pass** Report was **ACCEPTED** and sent for concurrence.

Majority Report of the Committee on **JUDICIARY** reporting **Ought Not to Pass** on Bill "An Act To Retain the Position of Parent Coordinator in the Judicial Branch"

(H.P. 42) (L.D. 47)

Signed:

Senators:

VALENTINO of York

BURNS of Washington

TUTTLE of York

Representatives:

PRIEST of Brunswick

BEAULIEU of Auburn

CROCKETT of Bethel

GUERIN of Glenburn

MONAGHAN-DERRIG of Cape Elizabeth

MORIARTY of Cumberland

PEAVEY HASKELL of Milford

VILLA of Harrison

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (H-206)** on same Bill.

Signed:

Representatives:

DeCHANT of Bath

MOONEN of Portland

READ.

Representative PRIEST of Brunswick moved that the House **ACCEPT** the Majority **Ought Not to Pass** Report.

The SPEAKER: The Chair recognizes the Representative from Buckfield, Representative Hayes.

Representative **HAYES**: Thank you, Mr. Speaker. Mr. Speaker, Women and Men of the House. I appreciate your attention for hopefully what will be about 90 seconds. I want you to understand the decision you're about to make. This is not a program. This is a role or a tool on the law, on the books, right now, in current statute, that allows the court to use a trained professional to help a high conflict family implement the court's order after a consideration litigation around divorce and custody specifically related to children. This role has been in place since we passed the enabling legislation in 2009. It's been implemented for the past four years. It has cost us nothing. The cost of paying the people who do this work is born by the parents who are requiring the work be done. Children benefit from having

somebody who is not emotionally embroiled and conflict addicted help work out those differences. I stand this morning because I'm loathed to see this role go away and that's the outcome of the pending motion. If we leave this on the books for a bit more time, we'll have better data with which to make this decision. That's why I would ask very much that we would not support the pending motion but the Minority Report, and with apologies to the corner, I would request a roll call on this bill. Thank you.

The same Representative **REQUESTED** a roll call on the motion to **ACCEPT** the Majority **Ought Not to Pass** Report.

More than one-fifth of the members present expressed a desire for a roll call which was ordered.

The SPEAKER: The Chair recognizes the Representative from Harrison, Representative Villa.

Representative **VILLA**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I am here to speak in support of the Majority Report, Ought Not to Pass. The parenting coordinator concept encroaches on family liberty interests bringing government behind the closed doors of people's lives, injecting into the private realm a third party who is not in any way more capable than either of the parents to make day to day decisions about their own families, values or goals. Parenting coordination is a made-up, make-work field that has been invented by extraneous professionals...

The SPEAKER: Will the Representative defer? The House is in order. The Representative may proceed.

Representative **VILLA**: Thank you, Mr. Speaker. Parenting coordination is a "made up, make work" field that has been invented by extraneous professionals in the family court system. There are no studies indicating that parenting coordinators make good decisions, improve the lives of children or parents, or improve child wellbeing. If anything, they tend to bankrupt families by charging up to \$150 an hour with no limits or oversight as to how well they do their jobs or how long they stay on a case, which is sometimes years, charging tens of thousands of dollars. Parenting coordinators take a 16-hour course. Most are attorneys. What qualifies a person to make personal family and childrearing decisions for other people – such as what physician a child should go to, what school, what other academic decisions, what extracurricular activities should a child participate in, family routines, scheduling decisions, soccer games, and so forth? Nothing prepares parenting coordinators to make these decisions on behalf of parents. What constitutes success at parenting coordination? No one knows. Many divorcing families have never stepped into a courtroom before and many are being denied immediate access to a judge with the presence of a parenting coordinator, who counterproductively requires that the door be left open, in this case, generating additional issues, and mostly revenue for the parenting coordinator. If this program were so valuable it would be available to every divorcing family with children, but those who cannot afford to pay are not appointed parenting coordinators, so the people who are forced, who are appointed parent coordinators, are only those who are deemed able to pay. That, to me, is a punishment in itself. So you tell me who benefits from this. It might well be an indication of a complete breakdown of justice. The parenting coordination concept is an infection that causes all of the problems that custody evaluators and guardian ad litem bring into the family court system. What qualifies a third-party stranger parenting coordinator to make daily family life decisions for other people? Nothing, and nothing ever will. Many of these kinds of decisions are made based on a free individual's own private life, relationships, desires, work needs, schedule, and personal values, beliefs and goals. The parenting coordinator makes decisions based on the parenting coordinator's own private

agendas, preferences, motives, work needs, values, beliefs and goals, and which party the parenting coordinator happens to like better which already is the unfortunate real basis for most of custody evaluation. Many times, the decision-making is based on intangible personality things, as well as tangibles, such as who likes them and who pays them timely and well. Again, they only wish to serve the people they can collect fees from. Parenting coordinators do not serve those who cannot afford their services and are merely a part of the billion-dollar divorce industry that bankrupts families, who should be spending their time and resources on raising, taking care of their families and mending the family unit. I would like to also add that the Judicial Branch supports the Majority Ought Not to Pass Report and I ask you, fellow legislators, to support the Majority Ought Not to Pass Report. Thank you.

The SPEAKER: The Chair recognizes the Representative from Brunswick, Representative Priest.

Representative **PRIEST**: Thank you, Mr. Speaker. Mr. Speaker, Women and Men of the House. The current coordinating program was an experiment. It was a two-year experiment which is over this year, if it's not continued, and so the question is whether you continue it or not. It was put into effect without any funding. The idea basically is that in high conflict families, where there are questions about the divorce decree, the parental coordinator can say "This is the way you're going to interpret the divorce decree" and the parties have to live with it. The difficulty is that the results that we have gotten anecdotally, admittedly, is that in fact these high conflict families do not like the parental coordinator. We also found there is a lot of cost to this program. Again, as Representative Villa said, if you don't have the money to pay the parental coordinator, you don't get one. In some cases, at least in one case, the cost of the parental coordinator, over time, was \$13,000. The judiciary has said they don't like the program, frankly, because it's not funded. If you're going to fund it, you have to fund. If you're going to fund it, then you have to put in a supervisor, and if you're going to put a supervisor in, the cost is going to be \$68,000 for the first year and \$91,000 for the second year. Parental coordinators are only appointed in a very limited number of cases with high conflict families, and, in fact, it doesn't seem as if these high conflict families resolve their situations very well. Unfortunately, even with this parental coordinator, they still seem to bring up more and more areas of conflict. We don't think this is a very successful program and we recommend, the majority recommends, that it be discontinued. We are working on a guardian ad litem program which has many of the same concerns that Representative Villa said, but we think that we can fix those and we're going to try to do that. That, too, will have a cost, but we'll deal with that later. But this program, we think it's an experiment whose time has come to end. I urge you to support the Ought Not to Pass Report and I would ask that the Committee Report be read.

The same Representative **REQUESTED** that the Clerk **READ** the Committee Report.

The Clerk **READ** the Committee Report in its entirety.

The SPEAKER: The Chair recognizes the Representative from Glenburn, Representative Guerin.

Representative **GUERIN**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. As a member of the Judiciary Committee, I stand to urge you to support the Majority Report on LD 47. Although the intentions of this law were well intended, the weaknesses of the program became obvious when the sunset clause took effect. The program is not funded, has no oversight and is a burden to many of the families it affects. Please join me in supporting the Majority Ought Not to

Pass Report.

The SPEAKER: The Chair recognizes the Representative from Buckfield, Representative Hayes.

Representative **HAYES**: Thank you, Mr. Speaker. Mr. Speaker and Women and Men of the House. I'm not going to apologize for standing up a second time. I feel compelled just because I would like to provide an alternative perspective on this role based on previous comments. Just so that you understand it, parent coordinators don't create the conflict that exists in a family. That's created generally by the parents and a parent coordinator's job and the extent to which they are required to do it is determined by the parents themselves, because the only time a parent coordinator is appointed is when there is a conflict addition and the court determines that, and subsequently, the only time the parent coordinator has to make a decision is when the parents have failed to do so. If there is a high cost to that in a particular family system, it's not because the parent coordinator created the conflict. It's because the parents have failed to address the conflict. I think it's important to understand that this role is generally a tool. It's not a program. It was never intended to be a program. In fact, the Judicial Branch, when we passed this back in 2009, specifically said we want to do this within existing resources, and that's what we did. It's a very small number of families. The only data that we've been able to find that was collected was collected on the part of people who do this work by a professional organization, and from what we were able to determine, 85 percent of the families who have benefited from this role have not returned to court and that's the goal. Because if you can't make simple decisions like what time or where is the transition supposed to occur for the child, the transition doesn't happen unless somebody steps in and that's the parent coordinator role. So it is not a program, it is a tool. The courts aren't compelled to use it. Does it cost? Yes, people make a living doing this work, as well as other services they provide, but the parents determine how much of this work is necessary because if they are able to collaborate on behalf of their children, then the parent coordinator doesn't have any work to do. The option available, if this report fails, is to allow a data collection to happen because, currently, we are making this decision based only on conjecture and testimony that did not include facts but suppositions, and as a previous speaker has noted, there is a related issue in the Judiciary Committee that has yet to be resolved regarding another professional role, guardian ad litem. This is an entirely separate role that happens at a different time in the process. And so that we're clear, I don't do this work, so I'm not standing here advocating against the pending motion because I will have more work to do as a result. This is not a service that I provide. But it's important for you to understand the professionals that do provide this service are not creating the conflict, they are working hard to resolve it and the only time they have to work is when the parents fail. Thank you.

The SPEAKER: The Chair recognizes the Representative from Bethel, Representative Crockett.

Representative **CROCKETT**: Thank you, Mr. Speaker, and I won't belabor the point. Four years ago, when we were on Judiciary and we initiated or passed the parent coordinator role, or created it, we put a sunset in it which was an idea, and I obviously had something to do with that because we wanted to see what the success of the program would be. My understanding, based on testimony we've heard, 46 times it has been used since we created it. It has all been wealthy families. The access for poor people or for people who are economically challenged to have this role or parent coordinator work for them has been extremely limited. The Judicial Branch has thrown a fiscal note on this because it is a cost. The sunset was there for

a reason. We tried it. The question has been asked, it has been answered. It didn't work. It didn't work for the bulk of Mainers. We have a guardian ad litem forum or work session. We may end up addressing this then. But this bill, I would encourage you to support the chair of the Judiciary and move Ought Not to Pass. Thank you.

The SPEAKER: A roll call has been ordered. The pending question before the House is Acceptance of the Majority Ought Not to Pass Report. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 112

YE - Ayotte, Beaulieu, Beck, Bennett, Berry, Black, Bolduc, Campbell J, Campbell R, Carey, Chase, Clark, Cotta, Crafts, Crockett, Daughtry, Davis, Dickerson, Dill, Doak, Dorney, Duprey, Espling, Evangelos, Farnsworth, Fitzpatrick, Fredette, Frey, Gideon, Gilbert, Gillway, Goode, Graham, Grant, Guerin, Hamann, Harvell, Herbig, Hubbell, Jackson, Johnson D, Johnson P, Kaenrath, Kent, Keschl, Kinney, Knight, Kornfield, Kumiega, Lajoie, Libby A, Libby N, Lockman, Long, Longstaff, Luchini, MacDonald S, MacDonald W, Maker, Malaby, Marean, Marks, Mason, Mastraccio, McCabe, McClellan, McElwee, Monaghan-Derrig, Moriarty, Nadeau A, Newendyke, Noon, Nutting, Parry, Pease, Peavey Haskell, Plante, Powers, Priest, Rankin, Reed, Rochelo, Russell, Rykerson, Sanborn, Sanderson, Saucier, Saxton, Shaw, Sirocki, Stanley, Theriault, Timberlake, Treat, Tyler, Verow, Villa, Volk, Wallace, Weaver, Willette, Winchenbach, Winsor, Mr. Speaker.

NAY - Beavers, Briggs, Brooks, Casavant, Cassidy, Chapman, Chenette, Chipman, Cooper, Cray, DeChant, Devin, Dunphy, Fowle, Gattine, Gifford, Harlow, Hayes, Hickman, Jones, Jorgensen, Kruger, McGowan, McLean, Moonen, Morrison, Nadeau C, Nelson, Peoples, Pringle, Rotundo, Schneck, Short, Stuckey, Tipping-Spitz, Turner, Welsh, Werts, Wilson, Wood.

ABSENT - Beaudoin, Boland, Dion, Hobbins, Kusiak, Peterson, Pouliot.

Yes, 104; No, 40; Absent, 7; Excused, 0.

104 having voted in the affirmative and 40 voted in the negative, with 7 being absent, and accordingly the Majority **Ought Not to Pass** Report was **ACCEPTED** and sent for concurrence.

Majority Report of the Committee on **ENVIRONMENT AND NATURAL RESOURCES** reporting **Ought Not to Pass** on Bill "An Act Relating to Clean Water Certification by the Department of Environmental Protection"

(H.P. 241) (L.D. 336)

Signed:

Senators:

BOYLE of Cumberland
SAVIELLO of Franklin

Representatives:

WELSH of Rockport
CHIPMAN of Portland
COOPER of Yarmouth
GRANT of Gardiner
HARLOW of Portland
LONG of Sherman
MCGOWAN of York
REED of Carmel

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (H-208)** on same Bill.

Signed:

Representative:

AYOTTE of Caswell

READ.

Representative WELSH of Rockport moved that the House **ACCEPT** the Majority **Ought Not to Pass** Report.

The SPEAKER: The Chair recognizes the Representative from Caswell, Representative Ayotte.

Representative **AYOTTE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. In this particular bill, LD 336, I do want to just explain about the bill. LD 336, clean water certification, actually affects the residents living around Sebago Lake. What I try to do when a bill comes in front of our committee, I try to break it down to its simplest forms. The people who live around Sebago Lake are asking to have a public hearing every time there is a major change in the level of water caused by a large paper company downstream, who decides every once in a while to use the water. What happens, these people get up some morning and the water level in front of their home or residence around Sebago Lake is extremely low. What they are asking for in its simplest form is to have a say whenever there is going to be a major change in the level of water in front of their home. I don't think they are asking too much. They are not asking to make decisions. They are asking for a public hearing. As it is now, they may get up some morning and the level of water may be very low. This bill would at least give the residents some input into the level of water in front of their home around Sebago Lake. I don't think it's asking too much. All it's asking for is to participate in a public hearing when the large paper company wishes to use some of the water for whatever reason, and I would ask for a roll call on this particular bill. Thank you, Mr. Speaker.

The same Representative **REQUESTED** a roll call on the motion to **ACCEPT** the Majority **Ought Not to Pass** Report.

More than one-fifth of the members present expressed a desire for a roll call which was ordered.

The SPEAKER: The Chair recognizes the Representative from Standish, Representative Shaw.

Representative **SHAW**: Thank you very much, Mr. Speaker. Mr. Speaker, Men and Women of the House. I urge you not to support the pending motion and follow my light on this bill. While the original bill has gone a little bit too far, the amended version, simply as the good Representative pointed out, it just makes it so that if there is a deviation and a clean water certificate, some sort of a modification to it during the process, that the person requesting the clean water certificate notify the public. In my case, it dealt with Sebago Lake. There was probably 70,000 people or so that would be affected by a fairly substantial change in the application process. In this particular clean water certificate, it had been going on for years, which isn't a good thing either, but there was a substantial change in the way they would regulate the water level of the lake in the clean water certificate process. All this does, basically, is say that if there is a substantial change, that they will notify the public and that's all it does at this point. I would appreciate your support. Thank you very much, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Portland, Representative Harlow.

Representative **HARLOW**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I am just rising to clarify that I am on the Majority Report, Ought Not to Pass. But after thinking about what Representative Ayotte said in committee, I changed my mind, so I will be voting with Representative Ayotte. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Rockport, Representative Welsh.

Representative **WELSH**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I really want to be clear about what this bill does. This bill would require the Department of Environmental Protection who have provisionally approved a water quality certificate, that these projects would then need to go to the Legislature for a review and approval. This would be putting politics into a process that is now a scientific one. Further, there are more than 100 hydropower dams in Maine for which DEP must issue 401 certificates. If the Legislature were to pass this bill, it would need to issue 401 certificates for all of these dams itself. It often takes many years for the DEP to issue 401 certificates and they typically require extensive water quality, fisheries and recreational resource studies. If the Legislature were to take over this task, as described in this bill, for all of the hydropower dams in Maine, the issuance of 401 certificates would become unmanageable. Thank you.

The SPEAKER: The Chair recognizes the Representative from Standish, Representative Shaw.

Representative **SHAW**: Thank you very much, Mr. Speaker. While the original bill may have done some of the things that the good Representative just mentioned, it's down to a point where, if there is just a substantial change in the clean water certificate process, it's pretty much straightforward, they would have to notify the municipality, they would have to notify the public. My recommendation was maybe run an ad in the newspaper, the local newspaper. It didn't specify that. It just says the Department should notify the public, municipalities, interested persons and state agencies whenever there is a change in the water quality certificate. It does nothing more than that. Thank you very much.

The SPEAKER: The Chair recognizes the Representative from Raymond, Representative McClellan.

Representative **McCLELLAN**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise to support what the Representative from Standish just spoke of. I also live in that region of the state. We often talk on our committees and in all the process we do about how the public is not involved, and I can tell you, the people, as you heard, the people that live around Sebago Lake are very involved. They are very passionate. It's a very complicated situation because, on one level, raising the water supports one part of the lake and it doesn't help the other part of the lake. People are very involved. I think, Mr. Speaker, anytime we can encourage the public to be involved, we should rush to do that. So I am joining my good friend from Standish in supporting the people on this one.

Representative **WELSH** of Rockport **REQUESTED** that the Clerk **READ** the Committee Report.

The Clerk **READ** the Committee Report in its entirety.

The SPEAKER: The Chair recognizes the Representative from York, Representative McGowan.

Representative **McGOWAN**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise to support the recommendation of Ought Not to Pass. As a member of this committee, I want to just reinforce for you this is not a bill about Sebago Lake. This is a bill about all of the lakes, of all the dams in the State of Maine, and it clearly has implications that you could picture next year, when we'd all be sitting in this chamber, and we'd be reviewing the process and the water permits for 401 bodies of water in our state. Thank you.

The SPEAKER: A roll call has been ordered. The pending question before the House is Acceptance of the Majority Ought Not to Pass Report. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 113

YEA - Beaulieu, Beavers, Beck, Bennett, Berry, Black, Bolduc, Brooks, Campbell J, Campbell R, Carey, Casavant, Cassidy, Chapman, Chase, Chenette, Cooper, Crafts, Cray, Daughtry, DeChant, Devin, Dickerson, Dill, Dorney, Dunphy, Duprey, Espling, Farnsworth, Fitzpatrick, Fowle, Fredette, Frey, Gattine, Gideon, Gifford, Gilbert, Gillway, Goode, Graham, Grant, Guerin, Hamann, Harvell, Hayes, Herbig, Hubbell, Jackson, Johnson P, Jorgensen, Kaenrath, Kent, Keschl, Knight, Kornfield, Kruger, Kumiega, Kusiak, Lajoie, Libby A, Libby N, Lockman, Long, Luchini, MacDonald W, Maker, Marks, Mason, Mastraccio, McCabe, McElwee, McGowan, McLean, Monaghan-Derrig, Moonen, Moriarty, Morrison, Nadeau C, Nelson, Newendyke, Noon, Nutting, Parry, Pease, Peavey Haskell, Peoples, Plante, Pouliot, Priest, Pringle, Rankin, Reed, Rochelo, Rotundo, Russell, Rykerson, Sanborn, Sanderson, Saucier, Saxton, Schneck, Short, Sirocki, Stanley, Stuckey, Theriault, Timberlake, Tipping-Spitz, Treat, Turner, Verow, Villa, Volk, Wallace, Welsh, Winchenbach, Mr. Speaker.

NAY - Ayotte, Briggs, Chipman, Clark, Cotta, Crockett, Davis, Doak, Evangelos, Harlow, Hickman, Johnson D, Jones, Kinney, Longstaff, MacDonald S, Malaby, Marean, McClellan, Nadeau A, Powers, Shaw, Tyler, Weaver, Werts, Willette, Wilson, Winsor, Wood.

ABSENT - Beaudoin, Boland, Dion, Hobbins, Peterson.

Yes, 117; No, 29; Absent, 5; Excused, 0.

117 having voted in the affirmative and 29 voted in the negative, with 5 being absent, and accordingly the Majority **Ought Not to Pass** Report was **ACCEPTED** and sent for concurrence.

Majority Report of the Committee on **INLAND FISHERIES AND WILDLIFE** reporting **Ought Not to Pass** on Bill "An Act To Permit Tribal Members To Hunt Any Animal or Bird at Any Time for Sustenance"

(H.P. 162) (L.D. 201)

Signed:

Senators:

BURNS of Washington

HASKELL of Cumberland

Representatives:

SHAW of Standish

BRIGGS of Mexico

CRAFTS of Lisbon

DAVIS of Sangerville

ESPLING of New Gloucester

MARKS of Pittston

SHORT of Pittsfield

WOOD of Sabattus

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (H-202)** on same Bill.

Signed:

Senator:

DUTREMBLE of York

Representatives:

EVANGELOS of Friendship

KUSIAK of Fairfield

READ.

On motion of Representative BEAR of the Houlton Band of Maliseet Indians, the Bill and all accompanying papers were **INDEFINITELY POSTPONED**. Sent for concurrence.

Signed:
Representative:
LONG of Sherman

Majority Report of the Committee on **INLAND FISHERIES AND WILDLIFE** reporting **Ought Not to Pass** on Bill "An Act To Permit Tribal Members To Fish at Any Time for Sustenance" (H.P. 163) (L.D. 202)

Signed:
Senators:
BURNS of Washington
HASKELL of Cumberland

Representatives:
SHAW of Standish
BRIGGS of Mexico
CRAFTS of Lisbon
DAVIS of Sangerville
ESPLING of New Gloucester
MARKS of Pittston
SHORT of Pittsfield
WOOD of Sabattus

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (H-209)** on same Bill.

Signed:
Senator:
DUTREMBLE of York

Representatives:
EVANGELOS of Friendship
KUSIAK of Fairfield

READ.

On motion of Representative BEAR of the Houlton Band of Maliseet Indians, the Bill and all accompanying papers were **INDEFINITELY POSTPONED**. Sent for concurrence.

Majority Report of the Committee on **CRIMINAL JUSTICE AND PUBLIC SAFETY** reporting **Ought Not to Pass** on Bill "An Act To Improve Training Requirements for Obtaining a Concealed Handgun Permit"

(H.P. 721) (L.D. 1022)

Signed:
Senators:
GERZOFSKY of Cumberland
DUTREMBLE of York
PLUMMER of Cumberland

Representatives:
DION of Portland
CASAVANT of Biddeford
KAENRATH of South Portland
LAJOIE of Lewiston
MARKS of Pittston
PEASE of Morrill
PLANTE of Berwick
TYLER of Windham
WILSON of Augusta

Minority Report of the same Committee reporting **Ought to Pass** on same Bill.

READ.

On motion of Representative BERRY of Bowdoinham, the Majority **Ought Not to Pass** Report was **ACCEPTED** and sent for concurrence.

COMMUNICATIONS

The Following Communication: (H.C. 169)

**STATE OF MAINE
OFFICE OF THE GOVERNOR
1 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0001**

May 20, 2013

The 126th Legislature of the State of Maine
State House
Augusta, Maine

Dear Honorable Members of the 126th Legislature:

Under the authority vested in me by Article IV, Part Third, Section 2 of the Constitution of the State of Maine, I am hereby vetoing LD 387, "Resolve, To Direct the Department of Health and Human Services To Study the Ongoing Need for Rental Subsidies to Provider Agencies."

The Department of Health and Human Services testified that this bill would originally have required \$200,000 in additional resources to complete the required study. Redrafting bills to reduce the workload and claim that it will be provided "within available resources" does not change the fact that additional work requires additional resources. We can no longer simply pile more initiatives up without recognizing they have costs.

The objective of this bill seeks to review rental subsidies for MaineCare recipients. As members of the Legislature are aware, the Department is working to consolidate the various programs we provide to those with intellectual disabilities to allow us to serve the greatest number of individuals. It is premature to conduct the study envisioned in this Resolve until we know how the programs may change in the future. This consolidation and overhaul will address the issues identified in a full, comprehensive manner and we should let the Department do their work without additional mandates.

For these reasons, I return LD 387 unsigned and vetoed. I strongly urge the Legislature to sustain it.

Sincerely,
S/Paul R. LePage
Governor

READ and ORDERED PLACED ON FILE.

The accompanying item Resolve, To Direct the Department of Health and Human Services To Study the Ongoing Need for Rental Subsidies to Provider Agencies

(H.P. 262) (L.D. 387)
(C. "A" H-95)

On motion of Representative BERRY of Bowdoinham, **TABLED** pending **RECONSIDERATION** and later today assigned.

The Following Communication: (H.C. 170)

**STATE OF MAINE
OFFICE OF THE GOVERNOR
1 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0001**

May 20, 2013

The 126th Legislature of the State of Maine
State House

Augusta, Maine

Dear Honorable Members of the 126th Legislature:

Under the authority vested in me by Article IV, Part Third, Section 2 of the Constitution of the State of Maine, I am hereby vetoing LD 468, "An Act To Protect Public Health at Public Institutions of Higher Education."

Our various public colleges and universities can make their own decisions on whether or not to permit smoking on their campuses. As the testimony from the schools indicated, many of them have already made this decision, in whole or in part. This bill is duplicative of those efforts and therefore unnecessary.

I firmly believe Maine people are responsible enough to make their own decisions concerning tobacco. However, for those who oppose its use, they should bring a bill forward to simply outlaw tobacco altogether. It would be simpler and more consistent than passing more and more legislation, creating a patchwork of laws and locations where tobacco can and cannot be used. We should have that honest debate, but I believe universities, colleges, and Maine people can make their own decisions.

For these reasons, I return LD 468 unsigned and vetoed. I strongly urge the Legislature to sustain it.

Sincerely,

S/Paul R. LePage

Governor

READ and ORDERED PLACED ON FILE.

The accompanying item An Act To Protect Public Health at Public Institutions of Higher Education

(H.P. 318) (L.D. 468)

(C. "A" H-77)

On motion of Representative BERRY of Bowdoinham, **TABLED** pending **RECONSIDERATION** and later today assigned.

The SPEAKER: The Chair recognizes the Representative from York, Representative McGowan, who wishes to address the House on the record.

Representative **McGOWAN**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. In reference to Roll Call No. 97, on HP 1112, had I been present I would have voted yes. In reference to Roll Call No. 98, on LD 262, had I been present I would have voted yes. In reference to Roll Call No. 99, on LD 1025, had I been present I would have voted yes. In reference to Roll Call No. 100, on LD 90, had I been present I would have voted yes. In reference to Roll Call No. 101, on LD 172, had I been present I would have voted yes. In reference to Roll Call No. 102, on LD 667, had I been present I would have voted yes. In reference to Roll Call No. 103, on LD 985, had I been present I would have voted yes. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Fairfield, Representative Kusiak, who wishes to address the House on the record.

Representative **KUSIAK**: Thank you, Mr. Speaker. I stepped out briefly this morning. Concerning Roll Call No. 112, had I been present on LD 47 I would have voted nay.

By unanimous consent, all matters having been acted upon were **ORDERED SENT FORTHWITH**.

SENATE PAPERS

Bill "An Act To Support Maine Businesses by Authorizing Certain Brewing Partnerships"

(S.P. 590) (L.D. 1548)

Came from the Senate, **REFERRED** to the Committee on **VETERANS AND LEGAL AFFAIRS** and ordered printed.

REFERRED to the Committee on **VETERANS AND LEGAL AFFAIRS** in concurrence.

By unanimous consent, all matters having been acted upon were **ORDERED SENT FORTHWITH**.

The House recessed until 5:30 p.m.

(After Recess)

The House was called to order by the Speaker.

REPORTS OF COMMITTEE

Divided Report

Majority Report of the Committee on **VETERANS AND LEGAL AFFAIRS** reporting **Ought to Pass pursuant to Joint Order 2013, S.P. 496** on Bill "An Act To Strengthen Maine's Hospitals, Increase Access to Health Care and Provide for a New Spirits Contract" (EMERGENCY)

(S.P. 589) (L.D. 1546)

Signed:

Senators:

TUTTLE of York

PATRICK of Oxford

Representatives:

RUSSELL of Portland

LONGSTAFF of Waterville

SAUCIER of Presque Isle

LUCHINI of Ellsworth

SCHNECK of Bangor

FOWLE of Vassalboro

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "A" (S-96) pursuant to Joint Order 2013, S.P. 496** on same Bill.

Signed:

Senator:

MASON of Androscoggin

Representatives:

JOHNSON of Eddington

BEAULIEU of Auburn

GIFFORD of Lincoln

KINNEY of Limington

Came from the Senate with the Majority **OUGHT TO PASS PURSUANT TO JOINT ORDER 2013, S.P. 496** Report **READ** and **ACCEPTED** and the Bill **PASSED TO BE ENGROSSED AS AMENDED BY SENATE AMENDMENT "C" (S-108)**.
READ.

Representative LUCHINI of Ellsworth moved that the House **ACCEPT** the Majority **Ought to Pass Pursuant to Joint Order 2013, S.P. 496** Report.

The same Representative **REQUESTED** a roll call on the motion to **ACCEPT** the Majority **Ought to Pass Pursuant to Joint Order 2013, S.P. 496** Report.

More than one-fifth of the members present expressed a desire for a roll call which was ordered.

Representative WILLETTE of Mapleton **REQUESTED** that the Clerk **READ** the Committee Report.

The Clerk **READ** the Committee Report in its entirety.

The **SPEAKER**: The Chair recognizes the Representative from Ellsworth, Representative Luchini.

Representative **LUCHINI**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise to speak in favor of the pending motion to Accept the Majority Ought to Pass Report, and by doing so, accept a comprehensive measure that would make a final payment on Maine's hospital debt and reduce future hospital costs by accepting federal health care dollars to cover tens of thousands of Mainers. The hospital payment would be made through issuing revenue bonds and establishing a new state liquor contract. This comprehensive bill has three key parts: The first part of this bill ensures that Maine gets the best deal for the state's spirits contract going forward. This bill creates a competitive RFP process for a 10-year contract in the functions of spirits administration, warehousing and distribution, as well as trade marketing. Periodic reviews and performance metrics are set in place. Flexibility is given to the Bureau of Alcoholic Beverages to attempt to claw back sales lost to New Hampshire. We also take care of the state's partners in the business – and by this, I mean the over 400 agency stores across the state – by giving them a much needed raise, in acknowledgement of the significant investment these businesses must make to partner with the state. The second section of this bill authorizes the Municipal Bond Bank to issue revenue bonds, using revenues from liquor operations, to the amount of, up to, \$188.5 million. This money will be used to settle the state's debt with the hospitals. The third and final section of this bill strengthens Maine's hospitals while extending health care to tens of thousands of Mainers. By accepting federal health insurance money, Maine is projected to save over \$600 million in the next decade, while insuring almost 70,000 Mainers, and addressing one of our hospitals primary cost drivers, which is charity care. In closing, I think this bill is a big win for Maine's economy, a win for Mainers, and a huge win for Maine's hospitals. Thank you, Mr. Speaker.

Representative BERRY of Bowdoinham assumed the Chair.
The House was called to order by the Speaker Pro Tem.

The **SPEAKER PRO TEM**: The Chair recognizes the Representative from North Berwick, Representative Eves.

Representative **EVES**: Thank you, Mr. Speaker Pro Tem. Ladies and Gentlemen of the House, I rise this evening to speak to an issue of great importance to me, and to the people of the state of Maine.

I also rise to speak in favor of the pending motion to Accept the Majority Ought to Pass Report, and by doing so, accept a comprehensive measure that would make a final payment on Maine's hospital debt and reduce future hospital costs by accepting federal health care dollars to cover tens of thousands of Mainers.

Today lawmakers have an opportunity to pay back the debt owed to our hospitals and contain the rising costs of health care for our people and our hospitals. We have an opportunity together to do three things in one bill: Help our hospitals, help working Mainers who need health care, and help our economy.

For 4 years, I served on the Health and Human Services Committee where we would consistently hear about the amount of charity care and bad debt the hospitals absorbed and then shifted onto working families with insurance and onto Maine businesses.

When people without insurance get sick, they often end up getting care in the emergency room – where it is the most costly, least efficient way of providing care. Just last year, the Maine Hospital Association reported that Maine hospitals provided \$450 million dollars in charity care and bad debt. The hospitals can not afford this and neither can we.

In the proposal before us today, not only do we pay back our hospitals, but we also ensure that thousands of Mainers can see a doctor when they are sick. By doing so, we reduce the charity care costs and bad debt that are cost drivers for our hospitals. This is a win for our hospitals and every Maine family who has insurance today.

Now for several months, we've talked about the nearly 70,000 Mainers, many of them who are working but can not afford health insurance, who would be eligible for coverage under this legislation. The number is so large and has been repeated so often, it's easy to forget what it actually means. We could cut the number of people in Maine without health insurance in half.

Seventy thousand people: That's equivalent to the population of Aroostook County. Or Somerset and Piscataquis counties together. Just think about that. That's a lot of people.

The county by county numbers are compelling. Residents and hospitals in Maine's most rural counties have the most to gain. Now, I will not outline every county, but I will give you a sample of what this would mean to some of our counties. In Aroostook: 4,615 people would gain health insurance, and it would inject \$16.8 million into the county's economy. In Androscoggin County: 5,829 people would gain health care; \$20 million would be injected into their health care economy. In Penobscot County: 8,447 people would gain health care, and \$31.6 million of economic activity would be injected into Penobscot County.

Now, if you are thinking of those numbers and those 70,000 Mainers, I want you think of an individual example, maybe a family member, a friend, a neighbor, somebody that you know, maybe yourself, who has gone without health insurance. Now, I will take Marie from Bangor. She has a part-time job that doesn't provide health insurance. She also has a serious heart condition that doesn't allow her to work full time. Without health insurance for her and her family, she is forced to choose between putting gas in her car and paying her medical bills and utility bills.

This is not a hypothetical scenario. They are the hard facts for too many Mainers. And this is an ethical and moral dilemma for all of us.

Unfortunately, Marie is one of tens of thousands of Mainers – many of your constituents – who are unable to afford health insurance.

The personal stakes are high for thousands of people who could receive life-saving access to health care. But there is also a tremendous opportunity for our entire state.

The Maine health care economy is the largest single job provider in the state of Maine. Healthcare jobs account for 1 in 4 jobs in Maine. By accepting these federal health care dollars, we

will inject a total of just over \$250 million dollars into our health care economy, and in doing so, we will create more than 3,000 jobs.

In addition, it is estimated that Maine hospitals would receive an additional \$163 million each year in additional revenue if we were to accept these federal dollars. This will help alleviate the current burden hospitals are facing and make sure we prevent future debt from accumulating so that we avoid a situation like this in the future.

Maine's hospital debt is a symptom of our high health care costs.

This comprehensive measure pays the debt and helps fix the underlying problem that contributes to high health care costs in the first place. We don't just treat the symptom; we treat the problem.

The federal government has agreed to fully cover the cost of health care for tens of thousands of Mainers for the next three years, and gradually lowers its payment to no less than 90 percent of the cost over a decade. There is no cost to the state – in fact, we will save money.

Maine is projected to save \$690 million over the course of 10 years if we accept these federal dollars, and this is according to the nonpartisan Kaiser Foundation and repeated by the conservative Heritage Foundation.

We are actually one of 10 states that will see our Medicaid expenditures go down over the next 10 years, not go up.

If we want to save money in our Medicaid account, which I believe we all do, we must accept these federal health care dollars.

This could change the lives of tens of thousands of Maine people who fear getting sick because they can't afford to see a doctor when they need it most.

Accepting these federal funds to increase health care coverage for more working Mainers is morally and economically the right thing to do. And it makes sense to do it as part of a comprehensive package that repays Maine's hospital debt. It both addresses the costs of health care for our hospitals and our people. To do one without the other, would leave the job half done.

It's a good deal, and it's one we must not walk away from.

That's exactly why Republican governors across the country have sized up the proposal and have decided to accept the funds.

Take, for example, Republican Governor Jan Brewer of Arizona. She has said turning away federal Medicaid dollars would increase human suffering and further cripple hospitals and other health care providers that care for the uninsured.

Governor Brewer recently said, "Being governor is tough – you have to make tough decisions and you have to look at the whole state, you have to do what's right." Without expansion, "we would've had to go in and get people off of Medicaid, they would still be in our hospitals, you would still be paying for them." Governor Brewer's bill to accept these federal dollars is actually called the Arizona Health Care Cost Containment Measure. Governor Brewer gets it.

In New Jersey, Republican Governor Chris Christie has made a similar case: He said in a speech before the legislature unveiling his budget. "It's simple. We are putting people first." "Expanding Medicaid is the smart thing to do for our fiscal and public health" and will "ensure New Jersey taxpayers will see their dollars maximized." Governor Christie also gets it.

This should not be a political issue. We all agree we should pay the hospitals. But what we are at an impasse over is health care for tens of thousands of Maine people.

The members of this body have a choice to make. Will you support a plan that pays the hospitals and accepts federal health care dollars to cover more Mainers? Or will you choose to deny and delay health care for tens of thousands of Maine people – putting politics ahead of the people's health and our hospitals?

I urge you to see this for what it is – a compromise that would benefit the state as a whole. This is how state government should function. In a divided government, neither party can get anything done by demanding all or nothing. I urge you to join me in supporting the pending motion. Now is the time to act. Thank you, Mr. Speaker Pro Tem, and thank you, Ladies and Gentlemen of the House.

The Speaker resumed the Chair.

The House was called to order by the Speaker.

Representative FREDETTE of Newport moved that the Bill be **TABLED** until later in today's session pending the motion of Representative LUCHINI of Ellsworth to **ACCEPT** the Majority **Ought to Pass Pursuant to Joint Order 2013, S.P. 496** Report.

Representative BERRY of Bowdoinham **REQUESTED** a roll call on the motion to **TABLE** until later in today's session pending the motion of Representative LUCHINI of Ellsworth to **ACCEPT** the Majority **Ought to Pass Pursuant to Joint Order 2013, S.P. 496** Report.

More than one-fifth of the members present expressed a desire for a roll call which was ordered.

The SPEAKER: A roll call has been ordered. The pending question before the House is to Table until later in today's session pending the motion of Representative Luchini of Ellsworth to Accept the Majority Ought to Pass Pursuant to Joint Order 2013, S.P. 496 Report. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 114

YEA - Ayotte, Beaulieu, Bennett, Black, Campbell R, Chase, Clark, Cotta, Crafts, Cray, Crockett, Doak, Dunphy, Duprey, Espling, Fitzpatrick, Fredette, Gifford, Guerin, Harvell, Jackson, Johnson D, Johnson P, Keschl, Kinney, Knight, Libby A, Lockman, Long, Maker, Malaby, Marean, McClellan, McElwee, Nadeau A, Newendyke, Nutting, Parry, Pease, Peavey Haskell, Pouliot, Reed, Sanderson, Sirocki, Timberlake, Turner, Tyler, Volk, Wallace, Weaver, Willette, Wilson, Winchenbach, Winsor, Wood.

NAY - Beavers, Beck, Berry, Bolduc, Briggs, Brooks, Campbell J, Carey, Cassidy, Chapman, Chenette, Chipman, Cooper, Daughtry, Devin, Dickerson, Dill, Dion, Dorney, Evangelos, Farnsworth, Fowle, Frey, Gattine, Gideon, Gilbert, Goode, Graham, Grant, Hamann, Harlow, Hayes, Herbig, Hickman, Hubbell, Jones, Jorgensen, Kaenrath, Kent, Kornfield, Kruger, Kumiega, Kusiak, Lajoie, Libby N, Longstaff, Luchini, MacDonald W, Marks, Mason, Mastraccio, McCabe, McGowan, McLean, Monaghan-Derrig, Moonen, Moriarty, Morrison, Nadeau C, Nelson, Noon, Peoples, Plante, Powers, Priest, Pringle, Rankin, Rochelo, Rotundo, Russell, Sanborn, Saucier, Saxton, Schneck, Shaw, Short, Stanley, Stuckey, Theriault, Tipping-Spitz, Treat, Verow, Villa, Welsh, Werts, Mr. Speaker.

ABSENT - Beaudoin, Boland, Casavant, Davis, DeChant, Gillway, Hobbins, MacDonald S, Peterson, Rykerson.

Yes, 55; No, 86; Absent, 10; Excused, 0.

55 having voted in the affirmative and 86 voted in the negative, with 10 being absent, and accordingly the motion to **TABLE** until later in today's session pending the motion of Representative LUCHINI of Ellsworth to **ACCEPT** the Majority

Ought to Pass Pursuant to Joint Order 2013, S.P. 496 Report FAILED.

Representative FREDETTE of Newport moved that the Bill and all accompanying papers be **COMMITTED** to the Committee on **VETERANS AND LEGAL AFFAIRS**.

The SPEAKER: The Chair recognizes the Representative from Newport, Representative Fredette.

Representative **FREDETTE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. The bill brought before this body today is the result of a Joint Order that this body and the other body passed roughly a month ago. As you will recall, there was an initial bill which was presented by the Chief Executive and another by the good Senator from Augusta, Seth Goodall, which went to the Veterans and Affairs Committee, where they worked through that process. Ultimately, it was the decision of the bodies, after that process, that we would authorize the Veterans and Affairs Committee to write a bill. There was a Joint Order, both of the other body and this body. I was the only person that spoke on that Joint Order when it was passed. At the time that that Joint Order was passed authorizing the Veterans and Affairs Committee to wipe the bill, I was the only one that spoke on it and when judges construe acts of the Legislature, they look at legislative intent. Out of 186 people, I was the only one that spoke to that issue, and at the time that I spoke to that issue of the passing of the Joint Order which authorized the Veterans Committee to deal with this issue, I spoke of the need to recognize the fact that we need to let the committee write a bill that would resolve the issue of the liquor contract and pay the hospitals. Nobody else in this body, or the other, spoke to that Joint Order. That was the authorization that we gave to the committee.

Then what happened is that, unannounced, there was a decision made in the DHHS Committee to recommend to the Veterans and Affairs Committee that the issue of Medicaid expansion be tied to the paying of the hospitals, the Joint Order that we authorized. That then went to the committee. Unbeknownst to the committee, the committee that had been working in a bipartisan fashion, Democrats and Republicans alike, bringing a consensus together on the liquor contract and paying the hospitals. They were doing that in a consensus fashion and were nearly done the process, until they were surprised by the letter that they received on a vote that was along party lines from the DHHS Committee. There was then a letter that came from the Appropriations Committee to the Veterans and Affairs Committee also in regards to paying the hospitals and in that letter, it indicated that there should not be the linkage of the new issue, Medicaid expansion. Mr. Speaker, it is my contention that the linkage of these issues is beyond the authority that was granted to the committee when we passed the Joint Order. It was very clear, and again, I was the only person out of 186 duly elected Representatives and Senators to speak to that, in regards to that legislative intent, and therefore, Mr. Speaker, I would move that this matter be Recommitted back to the Veterans and Affairs Committee, LD 1546, so that they can have a proper hearing on the issue. Thank you, Mr. Speaker.

Representative BERRY of Bowdoinham **REQUESTED** a roll call on the motion to **COMMIT** the Bill and all accompanying papers to the Committee on **VETERANS AND LEGAL AFFAIRS**.

More than one-fifth of the members present expressed a desire for a roll call which was ordered.

The SPEAKER: A roll call has been ordered. The pending question before the House is to Commit the Bill and all accompanying papers to the Committee on Veterans and Legal

Affairs. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 115

YEA - Ayotte, Beaulieu, Bennett, Black, Campbell R, Chase, Clark, Cotta, Crafts, Cray, Crockett, Doak, Dunphy, Duprey, Espling, Fitzpatrick, Fredette, Gifford, Guerin, Harvell, Jackson, Johnson D, Johnson P, Keschl, Kinney, Knight, Libby A, Lockman, Long, Maker, Malaby, Marean, McClellan, McElwee, Nadeau A, Newendyke, Nutting, Parry, Pease, Peavey Haskell, Pouliot, Reed, Sanderson, Sirocki, Timberlake, Turner, Tyler, Volk, Wallace, Weaver, Willette, Wilson, Winchenbach, Winsor, Wood.

NAY - Beavers, Beck, Berry, Bolduc, Briggs, Brooks, Campbell J, Carey, Cassidy, Chapman, Chenette, Chipman, Cooper, Daughtry, Devin, Dickerson, Dill, Dion, Dorney, Evangelos, Farnsworth, Fowle, Frey, Gattine, Gideon, Gilbert, Goode, Graham, Grant, Hamann, Harlow, Hayes, Herbig, Hickman, Hubbell, Jones, Jorgensen, Kaenrath, Kent, Kornfield, Kruger, Kumiega, Kusiak, Lajoie, Libby N, Longstaff, Luchini, MacDonald W, Marks, Mason, Mastraccio, McCabe, McGowan, McLean, Monaghan-Derrig, Moonen, Moriarty, Morrison, Nadeau C, Nelson, Noon, Peoples, Plante, Powers, Priest, Pringle, Rankin, Rochelo, Rotundo, Russell, Sanborn, Saucier, Saxton, Schneck, Shaw, Short, Stanley, Stuckey, Theriault, Tipping-Spitz, Treat, Verow, Villa, Welsh, Werts, Mr. Speaker.

ABSENT - Beaudoin, Boland, Casavant, Davis, DeChant, Gillway, Hobbins, MacDonald S, Peterson, Rykerson.

Yes, 55; No, 86; Absent, 10; Excused, 0.

55 having voted in the affirmative and 86 voted in the negative, with 10 being absent, and accordingly the motion to **COMMIT** the Bill and all accompanying papers to the Committee on **VETERANS AND LEGAL AFFAIRS** **FAILED**.

The SPEAKER: The Chair recognizes the Representative from Hampden, Representative Duprey.

Representative **DUPREY**: Thank you, Mr. Speaker. Mr. Speaker, Point of Order. I'd like to know, I'd like a ruling from the Chair if LD 1546 is properly before the body.

On **POINT OF ORDER**, Representative DUPREY of Hampden asked the Chair to **RULE** if the Bill was properly before the body.

The SPEAKER: The Chair, having anticipated that this question might be posed, has researched the question and will rule now. If the question is whether a bill that contains more than one subject matter is properly before the body, the same question could have been raised regarding LD 239 that was initiated by the Executive. It is common for the bill to address multiple subject matters in the Maine Legislature. The Maine Constitution does not restrain acts to be limited to a single subject matter. This is not a House Rule or Joint Rule prohibiting multi subject bills. Often, bills contain proposals that fall within the jurisdiction of more than one of the Legislature's 16 Joint Standing Committees because of the complexity of the legislation. LD 1546 does have multiple components as stated in the title of "An Act To Strengthen Maine's Hospitals, Increase Access to Health Care and Provide for a New Spirits Contract." The Chair would call members attention to *Mason's Manual of Legislative Procedure*, Section 728, paragraph three. "When the object of an act as passed is fully expressed in the title, the form or status at its introduction, or during the stages of legislation before it becomes a law, is immaterial." And Section 728, paragraph four. "It is not necessary that an act retain the same title through all its stages in both houses. The title of the bill as it is adopted by the legislature controls, not the title by which the bill may have been introduced or that it may have carried in reports of committees."

Each section of LD 1546 had a full public hearing and work sessions. It has been the general consensus that the original proposal to renegotiate the wholesale spirits contract and use the funds to pay the hospital debt was a proposal that was properly crafted. The addition of health care coverage for Maine people is relevant, appropriate, and in a natural and logical sequence to the subject matter of the original proposal. Expanded health care coverage will reduce future hospital debt and under LD 1546, the debt will be paid by the proceeds from the state's liquor contract. Therefore, the Chair would rule that LD 1546 is properly before the body. The pending question is the Acceptance of the Majority Ought to Pass Report from the Joint Standing Committee on Veterans and Legal Affairs. If you are in favor of the Majority Ought to Pass Report, you will be voting yes. If you are opposed, you will be voting no.

Subsequently, the Chair **RULED** that the Bill was properly before the body.

The **SPEAKER**: The Chair recognizes the Representative from Newport, Representative Fredette.

Representative **FREDETTE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. The die has been cast. Julius Caesar said that when he made the fateful decision to cross the Rubicon and take Rome by force of arms, plunging an Old World into civil war. The die has been cast. Ladies and Gentlemen of the House, we have been presented today with a false choice by the good Representative from North Berwick, Representative Eves. It is in fact a false choice. The question before this body today is a bill that links three issues: liquor contract, paying the hospitals, Medicaid expansion. These are not issues that have to be tied together. It is in fact a false choice. This body and the Veterans and Affairs Committee was moving forward in a way that was providing consensus around two of the major issues that we are voting on today. We can still do that. The good Representative from North Berwick indicated that if we did that, we would only be leaving the job half done. Well, ladies and gentlemen, I would submit to you, it is that half of the work that we all agree upon. Even the Chief Executive agrees on that issue. We have consensus between the two bodies and the Chief Executive on that issue. We have before us a false choice. The issue of Medicaid expansion is an issue whose timetable is different than the issue of paying the hospitals. If you look at the timetable in terms of paying the hospitals, October 1 is when we need to pay them or otherwise we will pay an extra \$5 million in costs because the rates will change, which means that we roughly need to get the issue of paying the hospitals done in fairly short order. The issue of Medicaid expansion is on a different timetable. Medicaid expansion does not happen or begin until January 1, 2014. We are on two separate timetables. Members on my side of the aisle are not necessarily opposed to Medicaid expansion. I think that's important to state again. Members on my side of the aisle are not necessarily opposed to the issue of Medicaid expansion. I would submit to you that what we are opposed to is the linking of the issue of Medicaid expansion and paying the hospitals. And why is that? Because the issue of Medicaid expansion is complicated.

We have 50 states in the country, all of which, under the ACA, are looking at different models to look at in terms of what best fits their state. Because under the Supreme Court ruling, the United States Supreme Court said the Federal Government can't essentially blackmail us into doing this. So each state is developing its own process and, to date, there is roughly 21 states that are moving forward in different ways. Maine can choose its own path. Maine must choose its own path. The choice that we have to make is a false choice. In fact, I would

submit to you, we must choose what's best for the people of Maine. During the 125th Legislature, I served on the Appropriations Committee where we would deal with issues of Medicaid and the issues of DHHS. I believe we did five supplemental budgets during the 125th, four of which we were unanimous in doing, and that work would be difficult work because every time we tried to look at our budget, look at our needs for the people of the State of Maine, every time we wanted to do that, we would have this thing called the maintenance of effort requirement. The maintenance of effort requirement. And what that really means is, it means, every time we, as a state, wanted to do something, or even today want to do something under Medicaid or even Medicaid expansion, then we need to ask the Federal Government. The Federal Government may say yes, the Federal Government may say no. They may answer us in three months; they may answer us in six months or 18 months. And so while we actually have a Tenth Amendment that says, you know, the states are supposed to be able to have some rights, our budget, quite frankly, is restrained by the Federal Government because every time we want to do something in our own state to make it fit us, we have to ask the Federal Government.

I would also like to submit the issue and the argument that Medicaid expansion is free for Maine. Medicaid expansion is free for Maine. Medicaid expansion is free for Maine for three years because the Federal Government will pay the bill. And, ladies and gentlemen, that's a false statement because there are administrative costs, even if they pay the one hundred percent. The administrative costs are estimated to be roughly \$7 million under the first biennium, upwards of \$70 million under the second biennium out, and then under the third, we actually start exceeding \$100 million. So the question of tying Medicaid expansion, the linkage, to paying the hospitals is complex and I would submit to you that, quite frankly, it is not free because when we say the Federal Government is going to pay one hundred percent, who is the Federal Government? The Federal Government is us, the taxpayers of the State of Maine. Whether we pay it as a state tax or a federal tax, we are the government. Just in case anybody forgot, the average annual deficit over the past six years, since 2009, is \$1.1 trillion. Let me say that again. The average annual federal deficit, which includes the cost to cover Medicaid expansion as it moves forward, has been an average of \$1.1 trillion. So I hear the argument from the other side of the aisle that we are morally obligated, we are morally obligated to expand Medicaid, we are morally obligated to provide more insurance, and I agree that we need to look at it. This is a terrible issue for this country. We do have a crisis. I agree with that. But we also have a moral obligation to our children. We have a moral obligation to our children, in terms of the future of this country, in the debt that it has accumulated in the past decade. What are we doing to our children? Yes, I agree there are issues of insurance, cost of medical coverages and poverty. I grew up in Washington County, Maine, folks. It's the poorest county in the State of Maine, and I grew up in a poor household. There were times when my mom and dad were on food stamps. I know what poverty is. I experienced it. I lived it. The Republicans understand poverty and we understand this issue and we understand that it's complicated, but what we don't need to do is have a false choice that there is this necessary linkage between these two bills.

I would also submit to you that one of the issues that we've seen in this state, since 2002, when similar arguments were made, because Maine, quite frankly, is ahead of the rest of the country, we expanded coverage back in 2002. Other states are not. Other states that didn't expand coverage, they are getting a

bigger benefit from the Federal Government. We are getting a smaller benefit. But the arguments that were made back in 2002 are the same arguments that we just heard. It's going to reduce charity care. It's going to reduce the number of uninsured. We heard the same arguments a decade ago and here we are today, ladies and gentlemen. This is a difficult decision, probably the biggest vote that we've had this legislative session, and as I had stated previously, the work of the three committees that brought this issue forward was essentially along partisan lines. Let me say that again. The work that has brought this forward was essentially along partisan lines. This issue needs to be done in a bipartisan manner. I believe that it can be done well in a bipartisan manner. We have estimates from one foundation that says it's going to save the state \$690 million. Our commissioner of DHHS says it's going to cost the state \$400 million. That's a pretty big difference and we need to work through those numbers and we need to get this right, and I'm willing to work in a bipartisan fashion with the good Representative from North Berwick, in a bipartisan fashion, to do this in the proper way. In the book, *The Prince*, Machiavelli said essentially that the ends justify the means. Ladies and gentlemen, the argument here is that we should do this because the ends justify the means. We are presented with a false choice and I believe that my caucus, on this side of the aisle, believes that it's a false choice and will result in a partisan vote at the end of the day. I would ask you, when you cast your vote, that you follow my light in opposing the motion. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Gorham, Representative Sanborn.

Representative **SANBORN**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Now is the time to renegotiate our state liquor contract, pay back our hospitals and accept the federal funds set aside for Maine to provide health care coverage for all Mainer's up to 138 percent of the federal poverty. The VLA committee has done a great job in evaluating the various options to negotiate the best deal for Maine regarding the liquor contract. This is a moment to give credit to the Chief Executive in presenting an option that was indeed, the most responsible and profitable, maximizing our revenues from the contract. The AFA Committee also did its work and voted unanimously on a plan to bond with the Maine Municipal Bond Bank, taking advantage of revenues from the liquor contract to cover the bond, in order to pay the hospital debt. The hospitals desperately need to be paid back. My husband has been an employee of Maine Medical Center for over thirty years and as an employee, received a letter from the CEO a month or more ago, saying that the hospital was over \$13 million in the hole for the fiscal year, would have a hiring freeze, avoid overtime payment and otherwise tighten their belt to bring their budget in balance. Now that we are paying hospitals by diagnostic related groups, a way of paying our bill more promptly, large backlogs in payments will no longer be an issue. For that reason, I am hopeful that this will be our last big hospital payment – it has been a long time coming. The HHS committee also did its work on hearing LD 1066, with much outside testimony in support, and after many questions for DHHS and work sessions to understand the full implications of this expansion, including benefits, costs and savings, voted 10-4 to send a letter to VLA to have them incorporate the expansion of Medicaid into LD 1546. As you know, those are the three pieces of this bill in front of us today.

I wish that I were a great orator and could speak with the passion I feel in my heart about the opportunity Maine has to do the right thing here – the right thing for our economy, the right thing for our hospitals and other medical providers, the right thing for our people, the right thing to move toward providing health

care with improved quality and efficiency, and above all, to make the right moral choice. When I consider the need for accepting these federal funds, I think of a patient of mine named Alice. Alice was a hard worker – she worked in a small factory in an assembly job. Her husband worked as a personal care attendant. Neither had health insurance. Alice had a tough life. The memory of Alice that sticks with me most, was that she lost her first child, one I had the privilege to deliver, to Sudden Infant Death Syndrome. In her 40s, Alice suffered from asthma, high cholesterol, hypertension, and atrial fibrillation. Alice could not afford her medical care. She would seek her care in the ER when she could no longer catch her breath, embarrassed that she could not pay for her office visit. Alice and her husband were the kind of people we have the ability to cover, at no cost to the state. We can keep them healthy enough to be able to work and to stay out of the emergency room. We can lower the cost of health care for her family and ourselves. You may hear today that we have not taken the time to evaluate Medicaid expansion thoroughly and that it will cost the state too much. Nothing could be further from the truth. While many were fighting against the Affordable Care Act, praying that it would go away with a Supreme Court lawsuit or an election, many others were researching the best way to lower our health care costs and bend the cost curve. We have all had adequate time to assess the value of expansion – some of us did our homework, others did not.

Doing your homework is smart, not arrogant. Here is what the research has shown: Accepting the federal funds will allow health care coverage for almost 70,000 Mainers, many of whom work in jobs that are the very fabric of Maine – lobstering and fishing, agriculture, forestry, retail, food service and tourism, among others. These are hard-working Mainers who deserve health insurance just as much as we here in the Legislature. Expanding Medicaid will bring an estimated \$250 million dollars into Maine yearly, money that will be spent locally and help grow our economy. It will create 3,100 jobs – 50 percent of which would be in the health care industry, one of the major economic engines in rural communities. Importantly, it will decrease charity care and bad debt for our hospitals, which is why hospitals strongly support the expansion. Sadly, many hospitals have not been brave enough to speak out in favor of the combined bill, for fear of losing prompt payment of back debt due to a veto. We, this Legislature, and we alone can insure that that not happen. We can insure that our hospitals get paid now. Accepting the federal funds will slow the growth of health insurance costs for everyone. Nationally, the costs of caring for the uninsured increases premiums for the average insured family by an estimated \$1,000 a year. Businesses will benefit from less cost shifting and stabilization of health care costs. Research has also put to rest many of the myths about expansion. Rather than estimates that Medicaid expansion could cost Maine \$100 million, over the next decade the expansion will save Maine nearly 7 times that amount. Rather than there being a \$7 million dollar cost for state employees to determine eligibility, our federal match will increase from 50 to 75 percent to cover the cost of these workers, both new and established. And many of these employees would be needed whether we expand or not. Overall, there will be no fiscal note. Maine will start saving from the get go.

There is a myth that the Federal Government does not keep its promises in paying our state its share of federal match – that has never been the case and has been tested since the early 1960s. We have had a temporary increase in our match with ARRA funds, but never a significant drop. The FMAP does bounce up and down slightly depending on our economy

compared to other states, but it is not a dwindling amount, as some would like you to believe. The myth that Maine has suffered due to early expansion is just that – a myth. We have been able to take advantage of federal dollars to support our Medicaid costs for a number of years that other states have not. If we turn down the federal funds, our federal tax dollars will be paying for the expansion in other states that have taken this bargain. In refusing the funds we let our own low-wage workers, like Alice, suffer while helping to provide care for similar workers in other states and we continue the estimated \$450 million dollar a year charity care and bad debt our hospitals carry each year. You will note that most health care providers in Maine support the expansion. I believe that this is because those on the front lines understand that when we limit access, such as rejecting these federal funds and continuing the status quo, we do not eliminate the need for health care. We just allow individuals and families to fall into debt and bankruptcy, and we continue to shift costs onto those who provide and have health insurance. Maine health care providers are leading the way to accomplish the "Triple Aim" – that is attaining excellent population health through high-quality experience of care, at the right cost. We can bend the cost curve, not by limiting access or reducing services, but by rethinking and improving the systems by which we deliver high-quality and high-value care. Now is the time to embrace the opportunity to cover more people in our state, not let fear override what we know is the right thing to do. Please, show that you value the health and life of all Mainers, and that you honor your debt. Please do not retreat into an ideological corner putting politics ahead of the people's health. Vote to support LD 1546. Thank you.

The SPEAKER: The Chair recognizes the Representative from Chelsea, Representative Sanderson.

Representative **SANDERSON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Borrowing the words of a famous afternoon talk show host, "It's time to get real." I ask you, are we not struggling to pay for the services we are currently trying to provide? Are we not facing another substantial budget adjustment of over \$33 million or we'll run out of money and be unable to meet the June 12 provider payment obligation? We currently have people with severe and persistent disabilities languishing on a waitlist who are in serious need of services but aren't receiving them now. Why? Because we don't have the resources to pay for them. As we discuss expanding Medicaid, I've yet to hear where we are prioritizing and making a firm commitment to the neediest of our citizens already in the system. The Department is asking for \$103 million more for the next year alone to cover current levels, which still does not remove everyone from that list.

When discussing expansion reimbursement, we have not heard definitively from the Federal Government at what level they are actually going to reimburse. We've heard they "likely" will reimburse at 100 percent for three years but "likely" is not an assurance. It is not a firm commitment. I've heard many members of this body state – and we heard it again this evening – that this will save Maine \$690 million in the next 10 years. I've been hearing from citizens and they are getting the impression that Maine will pay \$690 million less than we are currently paying now for services. And that just isn't the truth. It is going to cost more, a lot more. We need to tell the whole story. We need to tell them that we will be required to fund an additional \$7 million in the next two years for administration costs alone. We need to tell them that if we are not reimbursed at the 100 percent level, we will be also asking them to pony up at least another \$22 million of their tax dollars in the next two years to pay for this. We need to tell them that starting in year four, we will be coming

to them and asking them to fund over \$100 million more per biennium than they are paying now. Not only does this state and our constituents deserve to know the cost before we hand them the bill, we should know the cost before we make this commitment and ask the people of Maine to please remit. Medicaid expansion requires that we be thoughtful in this process. We must plan ahead to ensure we can meet the needs of the people we serve, and have a clear set of priorities, putting our neediest first. We do not have all the information we need to make the wisest choice and ramming through Medicaid expansion tied to the liquor contracts, in my opinion, isn't appropriate.

The liquor contract is an issue that is time limited. We are running up against a hard deadline of October 1 to make these negotiations and pay down our hospital debt or we will have to pay an additional \$5 million. Conversely, expansion is something that we should be taking our time with. We must have – we must have – all the information. We should wait for that information so we can again make the best choice for the people of this state. Rushing this through not only puts the people of this state who are served under Medicaid at risk, but every vital service that State Government performs. DHHS is already cannibalizing the rest of our government and the services they do. Education, revenue sharing, our infrastructure, they are all taking a hit because we can't afford our current level of services. Why in heaven's name would we want to rush this through without careful and considerate thought?

Advocates preach that a budget is a moral document, it is morally right to expand Medicaid to 70,000 childless adults, most of whom are able bodied. I reject that definition of morality and I share what I think should be a moral obligation. Our moral obligation is to finally put our disabled and elder citizens who are languishing on a waitlist, some for years, first. What a shame we have not had the discipline to do so before now. What a shame that this silent population isn't the headline of every paper in this state. No, instead we hear, this is a good deal for Maine, the Federal Government is going to pay 100 percent for 3 years and 90 percent after that. The citizens of this state are not hearing the facts. I reiterate, this is not free. The cost of this must have a clear and candid ongoing discussion and given what I just said, we must acknowledge that the priorities currently in place are terribly skewed. Now my colleagues on this side of the chamber are not saying we are in opposition to an in-depth discussion and debate regarding expansion. What we are saying is we are in strong opposition to linking these two initiatives together. Each should be weighed on its own merit and taken up as an individual topic. My colleagues and I stand ready to support the tremendous effort and the bipartisan work of the VLA Committee to pay our hospitals what they are owed and inject much needed revenues into the Maine economy, putting people to work; however, we vigorously object to including the amendment which was not fully vetted by the committee that voted it out and still has so many unanswered questions. We are saying don't impose Washington politics on the people of this state. We should be better than that, we are better than that and the people of this state deserve better than that. The work in the HHS Committee wasn't done. It won't be done until we have the definitive answers that we need from the Federal Government. And with that, Mr. Speaker, I would like to pose a question through the Chair, if I may.

The SPEAKER: The Representative may pose her question.

Representative **SANDERSON**: Thank you. There are documents that I have already seen indicating that an actuarial assessment is due from the Department of Health and Human Services before the final percentage of reimbursement can be

determined. Is there anybody in this chamber who has seen a document giving us a definitive answer on exactly what we are going to be reimbursed, a document that does not say likely? Do we have a definitive answer and do we have a document to prove it? Thank you.

The **SPEAKER**: The Representative from Chelsea, Representative Sanderson, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Westbrook, Representative Gattine.

Representative **GATTINE**: Mr. Speaker, Ladies and Gentlemen of the House, in response to the question, there have been exchanges of letters going back as far as February. The Federal Government informed the Department what it needed to do in order to gain the 100 percent match. Subsequent to that, through additional letters from the Federal Government to the Chief Executive, to legislative leadership, explaining exactly what the paperwork is, the administrative work that needs to be done in order to get a 100 percent federal match from newly eligible people. All that needs to be done is for that paperwork to be completed. It is an administrative effort. Thank you, Mr. Speaker.

The **SPEAKER**: The Chair recognizes the Representative from Chelsea, Representative Sanderson.

Representative **SANDERSON**: Mr. Speaker, may I pose a question through the Chair?

The **SPEAKER**: The Representative may pose her question.

Representative **SANDERSON**: Thank you, Mr. Speaker. Have we received a document, is my question, with a definitive answer on exactly saying that we will reimburse the State of Maine at 100 percent for the childless adult population for the next three years? Have we received that document?

The **SPEAKER**: The Representative from Chelsea, Representative Sanderson, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Westbrook, Representative Gattine.

Representative **GATTINE**: Thank you, Mr. Speaker. I believe that the letters I referenced previously have exactly the answer that we need to move forward with this and accept these federal dollars. Thank you.

The **SPEAKER**: The Chair recognizes the Representative from the Houlton Band of Maliseet Indians, Representative Bear.

Representative **BEAR**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I simply wanted to rise to indicate my support for LD 1546 this evening for a few reasons. One, that, as an observer attempting to be nonpartisan, I think it's important that I do so. If the House Rules were different, I would vote in favor of this bill. I would vote in favor of it because it certainly will provide the desperately needed funds without raising taxes on Mainers, which will expand coverage to tribal members and to Mainers alike. It will provide affordable health care to over 4,000 more people in Aroostook County, which is the homeland of my people. Our people are gaining, as Mainers are, generally, and it will provide us with security that we currently don't have and it will give us access to the critical life preserving treatment that currently can only be accessed, including preventive care, through emergency room visits, unfortunately, which is very expensive. So I would again urge that we support this bill to ensure that there is an opportunity to cover more people, to save several millions of dollars which are currently spent to treat uninsured people in emergency rooms, and which will also ensure the transparency that the Affordable Care Act is meant to provide to get more value for tax dollars with regard to health care. And I think that's the essence of what we are going to be securing, is a market-based, transparent way of

choosing the best care for the best price. So I urge again that the Majority Report be supported. Thank you, Mr. Speaker.

The **SPEAKER**: The Chair recognizes the Representative from Lubec, Representative Cassidy.

Representative **CASSIDY**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise this evening to ask you to accept the federal dollars that have already been set aside to cover Maine's uninsured. This will benefit all Maine people and boost Maine's economy. More Mainers will have health insurance; health care costs will go down; people will be healthier; and Maine's economy will grow. I represent Washington County, and I ran for my seat here because Washington County is short on affordable access to health care support and resources. Too many people in my district are putting off preventative care because they don't have health insurance. Most of these people are part of the workforce, but how long can they remain productive if they can't afford to see a doctor or take their kids to see a doctor? Covering more Mainers now will help more patients discover and treat illnesses in advance and save lives – like the Washington County woman in her 40s I want to tell you about. She had fallen through the cracks, and hadn't seen a doctor in years. Just in March, she went to one of our community health centers for a free screening for cervical cancer. She had been feeling fine with no symptoms, yet was found to have advanced stage cancer. The professionals did a point-of-service screening for eligibility for MaineCare, and she qualified. She was enrolled in MaineCare, and also was enrolled in a Maine-funded women's health initiative. If this had not happened, she would have had no financial options for her treatment. And if she had had access to health insurance earlier, her cancer might have been caught earlier. This woman is now in active treatment for her cancer. And she now has a place, one of our community health centers, to call her medical home. Please do right by Mainers like this Washington County woman by accepting these federal health care dollars. We can save Maine money and we can save Mainers' lives. I urge you to support the pending motion this evening. Thank you, Mr. Speaker.

The **SPEAKER**: The Chair recognizes the Representative from Scarborough, Representative Volk.

Representative **VOLK**: Thank you, Mr. Speaker. With the exception of today, we've had a beautiful spring in Maine. In fact, it's been exceptionally mild. However, while the rest of us enjoy the weather, I know there are some around the state who shake their heads in frustration, and I'm speaking of the many, many workers tied to the construction industry who have remained idle or underemployed throughout this spring, and I feel that's a shame.

The **SPEAKER**: Will the Representative defer? The Chair recognizes the Representative from Skowhegan, Representative McCabe.

Representative **McCABE**: Point of Order, Mr. Speaker. I believe this is in regards to the bonds that are not germane to this bill.

On **POINT OF ORDER**, Representative McCABE of Skowhegan asked the Chair if the remarks of Representative VOLK of Scarborough were germane to the pending question.

The **SPEAKER**: The Chair would remind all members to refrain their remarks to the motion before us and it appears as if that falls outside of the criteria which is before us.

The Chair reminded all members to confine their debates to the question before the House.

The **SPEAKER**: The Representative may proceed.

Representative **VOLK**: There are hospitals – may I talk about the hospitals?

The SPEAKER: The Representative may proceed.

Representative **VOLK**: Okay, thank you. I've seen communications from various hospitals stating that because of the debt owed to them by the State of Maine, they have been forced to delay construction projects, to lay off workers, and I think it's important for us to know that \$480 million represents an infusion of cash into our state's economy that would put these people back to work. I'm dismayed that it's taken us this long to get to the point where we are voting on this and it's unfortunate that I will have to vote against the pending motion. Thank you.

The SPEAKER: The Chair recognizes the Representative from Newfield, Representative Campbell.

Representative **CAMPBELL**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I just about heard the same stories in 2003 when I first arrived here, only from different people. I also heard from my colleagues over the years that I was here that we don't need socialized medicine. We already have socialized medicine. It's called MaineCare. It's to take care of our poor people. Everybody in this chamber that's got health care has basically got the same thing. It's paid for by the taxpayers of this state or your health care, but some of you sit here and want to deny people that go out and work every day but can't afford it. I think it's time that we stood up and spoke up for the people who work every day in this state and can't afford health care, and when we had five Chief Executives, Tea Party Chief Executives, that criticized President Obama and his plan are all aboard now, every single one of them, as you stated earlier, and they think it's wonderful. So it's time that we stepped up to the plate and stopped the same old baloney that I've heard for 12 years and start taking care of the people that want to be taken care of and deserve to be taken care of. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Scarborough, Representative Sirocki.

Representative **SIROCKI**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise to speak in strong opposition of the pending measure. Some may feel that combining bills from different committees is an efficient way to move forward, but the people of Maine are ill-served by considering legislation without input from the public. The question was asked earlier, "Is this bill properly before the committee?" And we were told that a public hearing and work sessions were held on LD 1546. But I question that because I have checked online here, and it says clearly, no public hearings rescheduled for this bill. Before casting votes, most of us listen to testimony, read and research the issue, and consider the views of our constituents. I do not like being asked to pass bills first before I find out what is in them.

LD 1546, the bill before us, did not follow the usual path of thoughtful consideration. The process of working this bill has been violated at its most basic level, two bills combined into one that did not receive any input from the public. As a matter of fact, there is not one piece of public testimony posted for LD 1546. Not one that I could find. There are, however, 69 documents of public testimony on the separate Medicaid expansion bill. But the Health and Human Services Committee is the only committee to have heard from the public regarding the expansion of Medicaid. I serve on that committee. I am very uncomfortable knowing that the sitting members of the Veterans and Legal Affairs Committee, the committee of jurisdiction for this bill, have not had the opportunity to seek public input on this very important portion of LD 1546. Mr. Speaker, how can we vote to move this bill forward when the process has been violated in this manner? Ramming a bill through a committee where the members did not have the opportunity to even read about the details, and where they did

not hear even one minute of public testimony, is wrong. This violation of the process at the committee level is unacceptable to me.

Regarding other reasons to vote no on this bill, let's start with fiscal irresponsibility. Negotiating the liquor contract is time sensitive. If we miss the deadline, it will cost Maine's hardworking taxpayers an additional \$5 million. The clock is ticking. If we had paid our hospitals as the debt accrued, we would have been able to take advantage of a higher federal dollar match rate. My back-of-the-napkin calculations show that this delay has already cost us tens of millions of dollars. Thus, if we miss this deadline, that number bumps an additional \$5 million. Let me repeat – tens of millions of dollars that we could have saved. Money that we could have spent towards services for perhaps disabled individuals who have been on waitlists. Mr. Speaker, you are correct this is a moral and ethical issue. Mr. Speaker, I implore this body to recognize that the expansion of Medicaid is a separate bill with a separate timeline. Currently, that bill sits on the table in my committee, the Health and Human Services Committee. The expansion should not be rushed. As a matter of fact, it is in Maine's best interest to take our time, because rushing the expansion, may in fact, cost us more money, potentially, a lot more money. Negotiations...

The SPEAKER: Will the Representative defer? The Chair recognizes the Representative from Bowdoinham, Representative Berry.

Representative **BERRY**: Thank you, Mr. Speaker. I believe that the good Representative is referring improperly to the actions of the Executive at this time and that would be out of order.

On **POINT OF ORDER**, Representative BERRY of Bowdoinham asked the Chair if the remarks of Representative SIROCKI of Scarborough were inappropriate to the potential actions of the office of the executive or the other body.

The SPEAKER: The Chair would remind all members to refrain from referring to the actions or potential actions of the other body or of the Executive to influence the outcome of debate.

The Chair advised all members that it is inappropriate to refer to the potential action of the office of the executive or the other body in order to influence the vote of the House.

The SPEAKER: The Representative may proceed.

Representative **SIROCKI**: Thank you. There is an audit currently underway. It will take another month to complete. We do not have firm promises from the federal Commission of Health and Human Services yet. I urge each member of this body to think carefully before voting today. Please recognize that LD 1546 should go back to its roots. We need to bifurcate LD 1546. These are two separate bills, the one that was assigned to the Veterans and Legal Affairs Committee and the other bill to consider expanding Medicaid, which still sits on the table over in the Health and Human Services Committee, where it rightfully belongs. For these reasons, I cannot support LD 1546. We need to pay our hospitals now. We need to take our time negotiating with the Federal Government on further expansion of Medicaid. Two separate bills. Two separate timelines. Two separate votes. Thank you.

The SPEAKER: The Chair recognizes the Representative from Yarmouth, Representative Cooper.

Representative **COOPER**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise in support of the pending motion for a number of reasons. First, I'd like to say a word about linkage, the linkage of the spirits bill and the Medicaid/Medicare expansion. I agree completely with the Representative from North Berwick that it makes absolutely perfect sense to find money to make hospitals solvent and whole

and trying to create a system that will permanently solve the shortfalls that hospitals are suffering, and that's exactly what this bill does. But let me say something that may be considered blasphemous. Tying together disparate things is the stuff of politics. We see it in the Chief Executive's action; we see it in other pieces of legislation all the time. There is nothing wrong with it if it makes sense. Let's stop pretending that we're not talking about Medicare expansion. That's what this is about. It's not about the tie-in.

Now I'd like to talk for a few minutes, shortly, I hope, why I think there is opposition to expanding Medicare/MaineCare. First, I think we have, in our minds, different images of who it is that will be helped by adding these 70,000 people. These are the kind of people that we've been talking about in these examples that have been noted by various members of the body, people like Samantha that I was told about from Benton whose partner has had three vascular surgeries on legs in the last three years. He is a fulltime janitor with no health care. If he hadn't had that surgery through MaineCare, he probably wouldn't even be able to walk, let alone be a taxpaying working man. But he has had that advantage and, as a result, does not have to face amputation or worse. That's the kind of people we're talking about. We're all Mainers. We're all Mainers, whether we were born here or by choice, and we know what Mainers are made of. They are hardworking, they are proud, they don't take something for nothing. They just don't. You have to beg them sometimes to take something when they desperately need it. So what are we talking about? We're not talking about welfare queens. We're talking about Mainers and we're talking about sick Mainers, people who are desperate and who are too proud to go to the doctor until they are so sick that they wind up having to go to the emergency room where we all pay – you, me, everybody. It is no bargain for Maine and no bargain for them.

Secondly, the fear that we are going to be saddled when the Federal Government fails us. I know there are many people in this body who don't trust the Federal Government and that goes back a long way, and sometimes there is good reason for that, but we have absolutely no reason to believe that the Federal Government will not honor its word that they will pay 100 percent of the costs for the next three years and slowly reduce it to 90 percent. And also, by the way, as was mentioned earlier, the administrative costs which are true, we will have to pay some of that, but the Federal Government is going to pick up 75 percent of that cost, so it is not a cost that we cannot afford. In the long run and in the short run, this is a great deal for Maine.

Thirdly, and most difficult, I want to talk about political loyalty. I know how hard it is to buck your party, to buck your leaders, and sometimes you will pay a dear price for that, just ask Senator Snowe about that. She had to leave the Senate because it was so difficult. But there comes a time when the issue is so important, so important as a matter of economic sense, as a matter of morality and as a matter of your own personal conscience that you have to do it. When I first got here and had been here just a short while, I was fond of telling my friends how different the Maine Legislature was from Congress where I used to work as a staffer. The people here are pragmatic. They are reasonable. They pay attention to facts. They care about their constituents. They don't come here for the money, that's for sure, neither while they are here or after. It's an act of civic duty and we are all proud of that. So I say to you, be true to that tradition. Be true to that tradition, be true to yourself, and vote what is right, whether or not you incur the wrath of others within your party or from your constituents. Do what you think is right. Thank you.

Representative **FREDETTE**: Point of Order, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Newport, Representative Fredette.

Representative **FREDETTE**: Thank you, Mr. Speaker. Mr. Speaker, I would request of the Chair that in regards to the discretion that is provided to the Chair in regards to references to the other body, to the Chief Executive, to our United States Senators and whatnot, that those rules that are applied are applied evenhandedly on both sides of the aisle. Thank you, Mr. Speaker.

On **POINT OF ORDER**, Representative **FREDETTE** of Newport asked the Chair if the remarks of Representative **COOPER** of Yarmouth were inappropriate to the potential actions of the office of the executive or the other body.

The SPEAKER: The Chair recognizes the Representative from Arundel, Representative Parry.

Representative **PARRY**: Thank you, Mr. Speaker. I rise very disappointed tonight. A couple weeks ago, I thought we would all come together and vote to pay our hospitals with the liquor contract. I guess that's not going to happen. It's very disappointing that the majority party put a poison pill in this bill, and I'm very disappointed that constantly members would run to the podium and run to the TV camera saying "We want to pay the hospitals." The 122nd Legislature didn't want to pay the hospitals. The 123rd Legislature didn't want to pay the hospitals. The 124th Legislature didn't want to pay the hospitals. When the Chief Executive came in, he made the first hospital payment, and now, we were going to make the second hospital payment and pay off those debts from 2009 and 2010, and I guess now, the 126th Legislature, the majority party, doesn't want to pay the hospitals because if they wanted to pay the hospitals, they would be paid. They have chosen to put a poison pill in this and that's why the hospitals in this bill won't get paid. I'd like to ask a question through the Speaker.

The SPEAKER: The Representative may pose his question.

Representative **PARRY**: Thank you. We currently cover 27 percent of our citizens in Maine under MaineCare, which is more than 47 other states. Does anyone in this chamber know which two states have expanded more than Maine? Thank you, Mr. Speaker.

The SPEAKER: The Representative from Arundel, Representative Parry, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Windham, Representative Pringle.

Representative **PRINGLE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I'm sorry I can't answer the question, but I would like to speak to the motion. I speak with the hope that you will listen carefully and with an open mind. I speak also as a physician who ran for this Legislature because of this very issue, and I will share some experiences and information that I hope will influence you. First, I will ask a question to see if you know. What is the number one factor that makes our health care system the most expensive in the world? Our health care system, we spend close to twice as much per person as all other countries that provide a system of universal coverage. It's not malpractice. It's not pharmaceutical or drug costs. It's not hospital or physician fees. It's the \$55 million people without health insurance that drive the cost of our health care. It's counterintuitive, isn't it? But I've had personal experience in my career that I've seen firsthand why it is true. One of my jobs is training physicians in a residency program at Maine Medical Center and that would involve being on the inpatient hospital teaching service. It is there where patients without health insurance are admitted. So, we talk a lot about

emergency room costs, but I saw hospital costs which are even greater than emergency room costs, and people were often assigned to the teaching service because they didn't have a primary care doctor and they had no health insurance. We would see them for their strokes, their heart attacks, their late stage cancer. They are real people and we knew their stories, and their stories were that they worked, that they had no health insurance so they had no primary care, so they present at the late stage of illness the most expensive part. These patients might be able to qualify in the hospital for charity care or free care, that's part of that debt that the hospitals, not the state, owes for MaineCare, but the cost of doing hospital business gets shifted to everybody else. Or, if they didn't meet the criteria, if they made too much money for the free care system, they would then end up with large debts.

The leading cause of personal bankruptcy is catastrophic illness without health insurance. The hospitals, some of you may or may not be aware, we talk about the federal dollars but having been part of a hospital-based practice and understanding the payment systems, the way the ACA was negotiated was to recognize that Medicare currently pays hospitals for a Medicare-based rate for their charity care or free care, and part of the negotiation was to take those disproportionate share payments and stop them under the ACA and use those dollars, that \$720 billion that we've been paying for the most expensive end of care and use it to provide coverage, to pay for the coverage for those who are currently not insured. So, under the ACA, these disproportionate share payments that Medicare makes for the free care are going to reduce and go away. That's because we've counted on and the hospital said, that's fine, if you start covering everybody, we don't need to get reimbursed for charity care or free care. I'd like to share an analogy because I've struggled to think about why is it we would tie the Medicaid expansion to paying the hospital debt, and forgive me if it seems a trivial analogy, but I like to think of simplistic things to explain things as a teacher. I think of a swimming pool that has a large leak and you can pour a lot of water into it, and we have a large leak in our health care system. Our hospitals have a large leak of the uninsured who come for care at the late stage. So, we can pay the hospital debt, but if we don't fix the leak, we're going to have to keep paying huge amounts of dollars and so I know that it makes sense to take the Medicaid expansion as soon as possible because it's repairing the leak of all these dollars. I have a final thought to leave with you. Twenty thousand Americans will die this year of curable conditions – curable conditions – because they lack health insurance. This can be prevented. Not to do so, we've talked a lot about morality, but for me, not to do that when we have the means to do it and it will save us money, is immoral, so there is no reason to wait. Thank you.

The SPEAKER: The Chair recognizes the Representative from Hancock, Representative Malaby.

Representative **MALABY**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise in opposition to the pending motion. I do support Part A of the liquor contract and, indeed, I am supportive of Part B, the revenue bond. But I am opposed to Part C. As a member of the Joint Standing Committee on Health and Human Services, I would love to see that everyone in Maine with an income below 138 percent of the federal poverty level had true health insurance. It would likely save money for our health care providers and would hopefully improve health care outcomes, and who couldn't vote for that? But unfortunately, that is not what we are voting on. What we are voting on is Medicaid expansion

under the Affordable Care Act that is neither health insurance nor is it fiscally responsible for the State of Maine. Medicaid, and indeed, based on what we heard from the previous speaker, our entire health care delivery system are clearly broken and more of the same won't fix it. Expanding Medicaid is the wrong prescription for a broken system, and a faulty diagnosis invariably leads to the wrong treatment. Medicaid needs to be reformed prior to any expansion. We need to design a system that aligns consumer actions and incentives with societal goals, and we need to do it while decreasing costs, increasing access and promoting quality.

The bill before us will increase access at the expense of increasing costs and will do nothing, I repeat, nothing, to promote quality. I would gladly vote to reform Medicaid, a program designed in 1965 and rife with perverse incentives, both for the consumers and the providers. I just can't see how burdening the people of the State of Maine with hundreds of millions of dollars of ongoing and future expenses for a program with no demonstrated efficacy, in terms of health care outcomes, is going to help anyone. At its very heart, Medicaid encourages people to over consume and undervalue health care with no copay, no premium, for health care in a system with unknown prices, no information about quality. Is it any wonder that health care costs keep rising out of control, and isn't that the real problem here? Likewise, Medicaid encourages providers to overbill for services. If patients are not paying for the health care services they receive, then they are unlikely to shop for quality and value. Consequently, providers, whether hospitals or doctors, have no incentive to keep prices low in order to compete as in any other marketplace, and hence the provider is incented to maximize their revenue and income based on a reimbursement model, and isn't that why we owe our hospitals \$484 million from 2009 and 2010? The previous Medicaid expansions in which eligibility was increased and optional services added currently costs the State of Maine \$177 million annually in General Fund dollars. Those who urged the past expansion of Medicaid promised it would reduce the number of uninsured, reduce charity care, lower ER usage, and have low and predictable costs. In reality, health care costs have grown four times the rate of inflation, enrollment has exploded, there has been a giant increase in charity care, and, indeed, programs are now capped as the state has no money to pay for those seeking services. The state has even started to tax the hospitals and nursing homes which provide the services, all in the pursuit of the federal dollars. I am ashamed of that fact.

I support paying the hospitals that which we owe them. The state made a deal and the hospitals have lived up to their end of the bargain. I would support a true health insurance program for our low-income population, but insurance is something you buy in a competitive marketplace where prices are known, competition is real, and buyers shop based on value and price. I can't support the poorly conceived expansion of Medicaid now being urged on us by so many. Expanding a financially failed program simply does not make sense. The hardworking people of Maine understand that we, in this body, need to control our spending. It is our job as legislators to prioritize those needs. What about those people we have on waitlists, who have been waiting for so long? These people legally and morally deserve the services we should be providing. This expansion will not address those needs. I am somewhat embarrassed by our inability to take care of the truly needy. Prioritizing spending during tough times requires leadership. For too long, we have taken the easy road by saying yes to more and more federal dollars. This has resulted in a never ending cycle of growing waitlists for our disabled, increased pressure to repeatedly raise taxes, ongoing

and annual supplemental budgets and a crowding out of the true investments we should be making, but it is time to say no. Thank you.

The SPEAKER: The Chair recognizes the Representative from Bangor, Representative Goode.

Representative **GOODE**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise to briefly share some information on the floor and ask hopefully just one question. Mr. Speaker, I listened carefully to your remarks about a few other Chief Executives around the country – Governor Christie, Governor Brewer – and in the time since your speech, I tried to look up what other Chief Executives around the country might be doing. I also did this after hearing the Representative from Newport's comments around working in a bipartisan fashion. I've worked in bipartisan fashions on committees on issues and I've been in committees where things have become more partisan. I appreciate the work of the Veterans and Legal Affairs Committee on this issue to bring this bill before us. I wanted to just share that it seems as though accepting federal funds should not be a partisan issue. Just one of the quotes from the many Republican Chief Executives, many of whom do not support the President and do not support his health care plan, came from Governor John Kasich of Ohio. Just two weeks ago at a rally, the Chief Executive of Ohio, who is a very prominent nationally known Republican, stated, "We're going to keep pushing for this Medicaid expansion so that the resources are there. We're going to respect those that see it a different way right now, but we're not going to give up on that," he said. But we're not going to give up on that. "We're in this together, and as we reach out and touch people's hearts, I think we can strengthen our cause." And that's a very prominent Republican Chief Executive, Governor John Kasich of Ohio. He said that just two weeks ago. I've found a number of very conservative Chief Executives who are supporting accepting federal funds and I hope that everybody understands that there are many, I think, prominent Republicans around the country who are in prominent positions who are bucking their party, working in a bipartisan fashion, taking advantage of this opportunity. I would, if I may, also like to just pose one question through the Chair, if I may.

The SPEAKER: The Representative may pose his question.

Representative **GOODE**: I served in the 124th and I followed the actions of the Legislature in the 125th and I would be interested to know if there are members of this body who were in these Legislatures or could recall whether those Legislatures paid off substantial portions of the hospital debt in the 124th Legislature.

The SPEAKER: The Representative from Bangor, Representative Goode, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Lewiston, Representative Rotundo.

Representative **ROTUNDO**: Thank you, Mr. Speaker. Maine has steadily and increasingly been working in paying down hospital debt for the past decade and I have some figures here to share. Maine has already paid back more than \$3.7 billion to the hospitals over the past decade. From fiscal year 2005 to 2010, the combined state and federal settlement payments to hospitals totaled \$742 million, and that's according to the nonpartisan Office of Fiscal and Program Review. More recently, in 2011-2013, hospitals recouped \$274.9 million in state and federal dollars. And I should also add that we did change the way we reimburse hospitals to the "pay as you go" system, the DRG system, and that was put in place in 2009. Thank you.

The SPEAKER: The Chair recognizes the Representative from Amherst, Representative Lockman.

Representative **LOCKMAN**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise in opposition to the pending motion. We've been told tonight that adding another 70,000 Mainers to Medicaid is the morally right thing to do. The core implication of that statement is that voting against this expansion is morally wrong. I find that offensive. In fact, I'm tired of being lectured about morality, by folks who think it's okay to spend money we don't have to make more people dependent on government to meet their basic needs. We were told that federal dollars will pay for this expansion. But we all need to recognize, we need to get out of the denial mode we're in and recognize that the Federal Government is broke, dead broke, flat broke, the brokest government in human history. The Federal Government borrows \$0.40 of every dollar it spends day after day, week after week, month after month, year after year, with no end in sight. Washington, D.C., spends \$10 billion a day and they borrow \$4 billion of that day after day, week after week, month after month, year after year, with no end in sight. We are borrowing this money from our grandchildren and, frankly, we have no intention of paying it back. This will not end well. So as long as we are lecturing each other across the aisle about the morality of enacting this legislation, here is my contribution to the debate. I believe it is profoundly immoral to borrow money from your grandchildren and so I would pose this question to any of my colleagues who will be pressing the green button tonight. Why should our children and grandchildren not regard you as a thief? Thank you, Mr. Speaker.

The SPEAKER: The Chair would remind all members to direct their comments through the Chair. The Chair recognizes the Representative from Newcastle, Representative Devin.

Representative **DEVIN**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I'd like to address a few of the comments that we've heard earlier and put a face to some of the discussion that we've had so far. I think that the good Representative from Windham is correct in that in expanding our health care to 70,000 Mainers, it is counterintuitive that it would ultimately save money, but I think I can give you a personal example of where it will. I think our good Representative from Chelsea, she's absolutely right. We have waiting lists for our most critical medical cases, as our good Representative from Hancock added as well, and those people have been on those waiting lists for a long time and they deserve the medical care that they desperately need. My sister passed away about a year and a half ago at the age of 47 and for the final year of her life, I was her guardian. She lived Downeast in Lubec and I petitioned the probate court in Machias to gain custody of her, even though she was married at the time. My sister, for many years, was one of those individuals who fell through the cracks and could not and did not get health care. Her problems initially were relatively minor, but over the years, they became exacerbated and chronic to the point where, when she was 46, she went into her first coma. It was at that stage that she was LifeFlighted to Machias to Bangor and, at that time, that was a \$25,000 fee to the State of Maine. That fee alone right there would have covered probably five to 10 years' worth of medical care for her, had she been able to get medical care back in her 20s. It was at that stage that my brother and I were able to get her Social Security benefits through the Federal Government, which then enabled me to get her MaineCare through the State of Maine. For the final six months of her life, the state paid about \$250,000 to keep my sister alive. What the unfortunate part about this and my sister had to wait – well, she never got to the waiting list for a liver transplant – but had she survived she would have been on that waiting list for several years.

Ladies and gentlemen, my sister is a real person. My sister was one of the closest people to me. I loved her, and I still love her, and I miss her every day. My sister died unnecessarily. My sister died because she didn't have access to health care for many years. The expansion of health care for Maine will take a lot of people who are presently in the position that my sister was in, in the last six months of her life. They will never get to that stage. Preventative care, health care maintenance at a young age, diabetes, opiate addiction, heart disease, mental health care, these are things that we need to get on board now and stop. We can't wait until people are in my sister's condition and become an absolute burden. My sister cost the state a quarter of a million dollars in six months. That's wrong. That was a huge waste of money that did not need to happen. So this is why the expansion of health care is actually going to be less expensive, because we're going to have fewer people that are going to have diabetes, we're going to work with these overweight children. We've got to stop opiate addiction before people take that pill for the first time. If people live healthier lives, we're not going to incur as much heart disease, and when people start to have mental issues, that they get the mental health care they need before that mental health, their issues erupt into full-blown mental problems in which there is no return from. The good Representative from Hancock is absolutely right. People do not value health care enough. When I ran unsuccessfully in 2010, I asked two doctors "What's the most important thing that we can do for health care?" and the first one said, it was my personal doctor, he said, "You know what we need to do? We doctors need to take responsibility for the health care that we provide." I said, "Hmm, yeah, that makes good sense." The other doctor that I asked said to me "I have patients that come in and have a \$2 or \$5 copay and they have a pack of cigarettes right here and they complain to me about the copay." He said, "What we need are patients to take responsibility for the care they receive." I am totally on board with what the good Representative from Hancock says, but without an expansion to those who cannot presently afford health care in Maine, we've got another generation coming up who are going to be in the same position as my sister, and they are going to become a burden to the state, and it's going to be unnecessary. Thank you very much, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Belgrade, Representative Keschl.

Representative **KESCHL**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise to speak in opposition to the pending motion. I object to it for a number of reasons, but foremost amongst my objections is that this proposal takes a bill that would put into place the Chief Executive's proposal to pay the hospitals, and a bill that proposes the expansion of Medicaid as allowed under the Affordable Care Act and merges them into one bill, thus putting two separate and distinct bills, that may on their own have merit, at risk. Now I ask why would anyone attempt such an approach, an approach that is unlikely to receive the support of the minority in the Legislature who only want to have each bill debated separately and on their own merit? I believe that Mainers want their State Government to pay the bills we owe to the hospitals. It is just the right thing to do. I also believe that there is a fair amount of disagreement among Mainers as to whether or not the Medicaid expansion should occur. This is why it is so necessary to have the separate bills debated, each on its own merits, so that we can truly do what is best for Mainers. Furthermore, as you have heard, moving forward with the pending motion could delay the payment of the hospitals beyond October 1 when the federal matching payment decreases, thus increasing the cost to the General Fund, that is to Maine taxpayers, by over \$5 million. Putting this

additional burden onto the backs of Mainers would be irresponsible. I urge this body not to do what is so often done in Washington, that is to play "power" politics on issues that are so important to those we serve. Please follow my light and vote Ought Not to Pass on the pending motion. Thank you.

The SPEAKER: The Chair recognizes the Representative from Mapleton, Representative Willette.

Representative **WILLETTE**: Thank you, Mr. Speaker. Mr. Speaker, pursuant to Rule 522 of the Rules of the 126th Maine House of Representatives, and further, Section 310 of *Mason's Manual of Legislative Procedure*, I move that LD 1546 be divided into 2 questions, question 1 being Parts A and B and G of LD 1546 Majority Report, and the second question being Parts C, D, E and F of LD 1546 Majority Report. Thank you, Mr. Speaker.

Representative **WILLETTE** of Mapleton moved that pursuant to Rule 522 of the Rules of the 126th Maine House of Representatives and Section 310 of *Mason's Manual of Legislative Procedure*, L.D. 1546 be divided into 2 questions.

The SPEAKER: The Chair would remind the Representative that the motion is out of order. The pending question before the body is Acceptance of the Majority Ought to Pass Report. The Chair recognizes the Representative from Gardiner, Representative Grant.

Subsequently, the Chair **RULED** that the motion was **OUT OF ORDER**.

The SPEAKER: The Chair recognizes the Representative from Gardiner, Representative Grant.

Representative **GRANT**: Thank you, Mr. Speaker. Mr. Speaker, Women and Men of the House. I rise in support of the pending motion. The comprehensive health care plan before us will make the final payment on Maine's hospital debt and reduce future hospital costs by accepting federal health care dollars to cover tens of thousands of Mainers. It will also help to boost the economy and help Maine workers. Of all the issues people talked about as I went door to door, this issue topped the list. Workers like George from Naples who is a house painter and is without insurance. George testified at the recent hearings on this issue. He shared his personal story so that we could put a personal face on the problem. He has health problems and his condition is deteriorating. He needs medications to maintain his health, but he cannot afford health coverage, nor can he purchase the medications himself. He fears that without access to affordable health care, his health will continue to deteriorate and he will be unable to work any longer. Accepting federal funds will boost our economy by injecting an additional \$250 million a year in federal dollars into our state's economy. Through this proposal, we expect to create more than 3,100 jobs in Maine. We also know that this proposal will help current workers, like George, to help him maintain his health in order to keep their jobs and their small businesses going. Building a strong economy and a strong middleclass means making sure people have the health care they need, when they need it, at an affordable cost. Accepting federal funds to increase health coverage will strengthen Maine's economy and provide health insurance to thousands of hard-working Mainers. These issues before us are inextricably linked. Paying the hospitals without dealing with the underlying problem is like bailing out the boat before putting a plank over the hole. I urge you to support this legislation.

The SPEAKER: The Chair recognizes the Representative from York, Representative McGowan.

Representative **McGOWAN**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise to support this motion and I speak to you tonight as a new legislator and, as many of you may have noticed, one who has been struggling with some medical problems for the past three months as I hobble

around the State House and try to do this demanding and wonderful job. I share with you a story that I had in talking to a previous legislator when I was running for this office. He said to me he had been in the Legislature for two years and never once in a debate on the floor had someone said something that changed his mind in a vote, and I speak to you tonight with the hope and optimism and idealism that maybe something I say might touch you. But I really offer you a question and the question I offer you is what is the core belief that will shape your vote tonight? Is that core belief directed by dollars and cents and contracts and hospital debt? Is that core belief driven by self-reliance versus dependence? Is it driven by the health and safety of our citizens? Is it driven by your feeling about taxes or is it driven by rules and protocols, or loyalty to your party's position? I ask you to realize that we are voting tonight about life and death for our people. As the previous speaker mentioned, somewhere around 25,000 to 40,000 people die in this country each year because they do not have health insurance. In Maine, one person dies every three days because they do not have health insurance. When we go to bed tonight, our votes will decide on whether to relieve the insecurity and suffering and life expectancy of 70,000 Maine people – our neighbors, members of our community and our constituents. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Turner, Representative Timberlake.

Representative **TIMBERLAKE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Do you remember about 10 years ago when the banks were loaning money to everyone and deferring the interest rates? Now, you all remember that this was backed by Freddie Mac and Fannie Mae, both government agencies. Then reality struck home. Interest came to be, reality came home to rest at the house where foreclosures were put on people, people were thrown out of their houses and put on the streets. Well, I don't know about you, but I would like to do my homework first before I vote for this bill. I'm not saying we shouldn't expand Medicare, but I am saying I don't trust Washington and I want to make sure I do due diligence before I vote. For this, I think if we want to help the people of Maine, these two issues should be broken down into two bills. One is paying the hospitals the half a billion dollars we owe them. Two is studying the expanding of Medicare. We all remember what happened to the housing market when we didn't do our homework. We don't want this to happen to the needy people of Maine and then find out we couldn't afford it and then tell them we can't pay for it. Ladies and Gentlemen of the House, let's not pass it and then find out what's in it. It's our job to find out what's in it before we pass it. I repeat, let's not pass it and find out what's in it. It's our job to find out what's in it before we pass it. And Mr. Speaker, somewhere here I pose a question through you, if I may.

The SPEAKER: The Representative may pose his question.

Representative **TIMBERLAKE**: Did any members of the Committee of the VLA hear public testimony on LD 1546 before this was put before us? Thank you.

The SPEAKER: The Representative from Turner, Representative Timberlake, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Auburn, Representative Beaulieu.

Representative **BEAULIEU**: I was not privy to any public hearing on this particular bill, so I thought I'd respond in that manner. Thank you.

The SPEAKER: The Chair recognizes the Representative from Bangor, Representative Kornfield.

Representative **KORNFIELD**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise in support

of this pending motion. I would like to quote another Republican Chief Executive, Governor Jack Dalrymple, the Chief Executive of North Dakota. He said in an interview when talking about why he wanted his state to adopt Medicare/Medicaid expansion, he said, "We try to leave the politics out in the hallway when we make these decisions. In the end, it comes down to are you going to allow your people to have additional Medicaid money that comes at no cost to us, or aren't you?" "We're thinking, yes, we should." And I'm thinking, yes, we should. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Sanford, Representative Mastraccio.

Representative **MASTRACCIO**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise in support of the pending motion. As I listen to the debate this evening, I am struck by the story of Shirley from Augusta and I may not have personally heard this testimony, but I have voted on many bills for which I have not personally heard the testimony. I often read the testimony that is posted. I did sit in DHHS and listen to some of the testimony, but I did not personally hear this testimony, but I will share it with all of you this evening. Shirley testified in support of accepting federal funds and said the following – and by the way, Shirley was from Augusta, and she could have been Sanford, she could have been from anywhere because this is a story I have heard.

She said: "I'm 61 now and disabled, but I come from a hard-working, blue collar family. My father, who left school in 8th grade to work and help support his family, built his small construction business from scratch with no help from anyone All of his 5 children ... started working as soon as we could We worked at whatever we could find to bring in income to help the household Our family members worked hard without thinking about it. Asking for charity was something other people did. [E]veryone works or has worked hard at jobs that don't pay a lot and don't have affordable benefits My youngest sister can't afford to go to the doctor when she is sick because she doesn't have adequate health insurance. She works every day taking care of people with Alzheimer's, but has been sick with a fever for more than 6 weeks and can't afford to go to the doctor. We don't know how serious her illness is or what it might lead to if it's not dealt with. When people don't get care soon enough, something that is a small problem can turn into a large, and very costly problem. But when you can't afford to pay the doctor, or pay for the tests needed to diagnose your illness, or pay for medications necessary to make you well again, there's no choice but to keep plugging away, hoping you'll feel better, but knowing that you might not.

"I hear the poor demonized a lot as takers who feel entitled to hold out their hand and receive all kinds of help. People who are lazy and would rather not work. People who have spent their life avoiding work. The truth is that Maine is filled with people like my family. People who grew up poor; worked hard; and keep working until age or illness prevents their working altogether. The people who provide services you count on to help you – personal care providers; child care workers; check-out clerks at stores, restaurant workers, nursing home staff – and the list is too long to cover all – receive low wages and few, if any, benefits. These people are not lazy, selfish, entitled people. They are the real people behind the faceless numbers and reports.

"Please take a moment to care about the tens of thousands of hard-working Mainers whose health, and often their lives, are in jeopardy because they can't afford the medical care that would be available to them if you would accept these federal funds. It's easy to make assumptions and demonize all the faceless working poor who cannot obtain medical care. It's easy to lose sight of

real people in the midst of thinking about which party will "win" and which will "lose". But each person has a face and a life story. As you consider this proposal – accepting fully paid-for funding to provide medical care for 69,000 Mainers who are the working poor or people who have worked until they became too sick or old to work any more – please remember, your fellow Mainers are more important than [politics]"

I couldn't have said it any better myself. I urge you to support the pending motion and remember that compromise is a settlement of differences in which each side makes concessions. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Augusta, Representative Wilson.

Representative **WILSON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House, good evening. I want to start by just telling you a quick story about me and my history that most people in this body are not aware of. I grew up extremely poor with a mother of five struggling just to keep food on the table. Most times, we relied on food banks so that we were able to eat. There is many times in my life that I can recall that we heated our home using only the electric oven because we simply had no oil, despite the fact that our electric bill, often, was far, far, far behind but was unable to be turned off. Likewise, I can remember sleeping on the floor in a small 8 by 10 bedroom that had four boys in it. I can remember sleeping on the floor using the winter jackets that we had as blankets because we couldn't afford to have additional blankets. I know what it's like to struggle. I know it full, full well. I know there is a lot of other people in this body that can understand that as well. One thing that I will tell you though is we did have health care. We had Medicaid. I was fortunate for that because, as a child, you know, we often had injuries and we often had to go see the doctors and I am very thankful for that to this day. I understand the need of those that are using Medicaid because I was one of them. I'm not ashamed of that. Yes, I'm a Republican, despite sometimes I don't always vote with Republicans and maybe some had maybe noticed that, but I definitely understand what it's like to struggle. I am open to some level of Medicaid expansion or MaineCare expansion. Let me be clear. I am very open to some level of expansion. But I firmly believe that by merging these two bills, Mr. Speaker, it was a mistake. I think that they should have both been thoughtfully considered individually, debated individually, and votes taken on each of them individually. While I may support both measures, I do not support them together. I just believe that it muddled the waters and made it much more difficult for members, particularly on this side of the aisle, to support. Otherwise, maybe many of them may have supported both measures individually. I think that we simply just need to slow down, get the required information that many have asked for that we still don't have the answers to, and then thoughtfully consider it and make a decision then, not now. And it's only then when we have all the information that's required to make these individual decisions, that I will make my decision, and only then may you see my light go green because today it will not. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Portland, Representative Farnsworth.

Representative **FARNSWORTH**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. In this legislation before us, we are presented with an opportunity we cannot and must not pass up. We can accept federal health care dollars to cover more Maine families, lower our health care costs and make a final payment on Maine's hospital debt, or we can live with the status quo. I am especially concerned about the group age 55 up to the Medicare eligibility. This proposal will

help older working Mainers who often suffer from health conditions or chronic diseases, but will not have to wait a number of years before they are eligible for Medicare. For example, in our committee, we heard testimony from Marlene, who was a 53-year-old woman working at a low wage job, earning probably \$700 or \$800 a month or less, and a number of years ago she had to go into the hospital and get rid of a lump on her leg. She still has not been able to pay for that care and because she has no health coverage, she has not been able to go back to a doctor's office for over two years. This is extremely risky given her age and her previous medical history, but Marlene has no other choice. She just can't afford the medical care she needs to keep her healthy. We must act now to accept the proposal before us today. Good people's lives are on the line. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Hampden, Representative Duprey.

Representative **DUPREY**: Mr. Speaker, may I pose a question through the Chair?

The SPEAKER: The Representative may pose his question.

Representative **DUPREY**: Thank you, Mr. Speaker. Since we've been talking tonight about Republican Chief Executives accepting Medicaid dollars by several different speakers here tonight, my question to anybody in the chamber who might answer, did any of those Legislatures or any other state that has accepted the expansion of Medicaid dollars have their Medicaid expansion tied to paying their state's bills?

The SPEAKER: The Representative from Hampden, Representative Duprey, has posed a question through the Chair to anyone who may care to respond. The Chair recognizes the Representative from Freeport, Representative Gideon.

Representative **GIDEON**: Thank you, Mr. Speaker. Mr. Speaker, Women and Men of the House. I rise in support of this pending motion. Too often, we ask each other to do this. Follow my light, we say. I ask you to do something different. Follow your conscience instead. We come to this evening session to debate this bill, to vote on these three important points: restructuring a liquor contract the right way for Maine businesses and Maine people, completing our payments to Maine hospitals, and accepting federal dollars to insure Maine people who need it most. I ask you to please consider this also. The question before us today is not about how the bill came together. It is not about our Chief Executive or our legislative leadership. It should not be about our parties or our politics either. Tonight, I've heard it said that Washington style politics is at play here. I assert this. Washington style politics is only at play when we stop making choices that are for the people. Washington style politics is when we plant our flags in the ground and say, "Even though I believe in this outcome, I won't budge because the path is not the one I created." This bill is about fixing a problem. It is about taking an approach that is economically right for our state because it fixes the underlying problem that contributes to high health care costs when we make a final payment on Maine's hospital debt. It is about doing what is right for Maine. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Berwick, Representative Plante.

Representative **PLANTE**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. It was on March 23, 2010, the Patient Protection and Affordable Care Act was passed and signed into law. The 21st of March of that very year was the House passage of the legislation. Here we are, a little more than three years later, debating should we expand health care. We've had over three years to continue this conversation, three years, two elections and, at the end, we have come out saying that the law is constitutional and that we must seriously consider how to

pay our debts regarding Medicaid payments for the procedures that are offered for those who cannot afford the procedures based on a lack of funds. This really all predates itself to 1986. The Emergency Medical Treatment and Active Labor Act was passed. What that did effectively guaranteed that there was a right to health care. What it said is, it doesn't matter if you are a legal resident of this country or an illegal alien of this country, that if you go into an emergency room and you require the care of that service provided, you will get it. It is unquestionable. For twenty-seven years, that has been law, it has not been challenged, and is part of the fabric of the society that we cherish here in this country. In this state, we are looking to discover a way to make sure we can offer these same treatments with a cost effective measure put in place. Medicaid expansion is the right thing to do. There is no doubt about it.

I work at the Shaw's in Dover, New Hampshire. I know I've mentioned this before. It's been a while. But most every night, I watch a number of folks who work there, hardly any of them fulltime because the company has had to go through several transitions. It seems as if there is going to be prosperity down the line, but as we currently stand, most workers are not fulltime and most workers cannot afford their health care. A lot of these folks are in their 40s and their 50s. They will work between 20, 35 hours a week, whatever it is that keeps them below the threshold to receive the health care that is provided through the company. Now, that's a choice made by the company because they need to be fiscally solvent. The reality is, though, for the worker, they don't have health care. So let me ask, what is the solution? Is it to get that second job? I'm a 52-year-old working at Shaw's as a cashier. I can work 30 hours a week. Not myself, of course, I'm merely just 25. But the fact remains, I get 35 hours a week at Shaw's. I don't get health insurance. I certainly don't make enough money per hour to pay for it. The point here is this. I can get a second job and then I can afford to get health care. Well, let me ask, what does that second job pay, and if I work 35 hours at that job, it's 70 hours. How much am I making there? If between both jobs I get between, say, \$10 and \$15 an hour, let's work that out over a course of a month. Let's take in the cost for rent and/or mortgage, transportation, food, all the other necessities, not including health care which is a necessity, can I actually afford to have my own private plan? Most folks can tell you they can't. So is the answer a third job? I have three jobs. If I wasn't working here I would have two and by the time my next birthday comes, next January, I would not have health insurance because I don't make enough money. I certainly work enough hours, but the reality is I don't have enough money. How many hours can I work before I can get it – 80, 90, 100? Certainly, I will work as hard as I can like anyone else. Everyone else who works with me at Shaw's, I know they will. They are bound and determined to pay for the bills they care about.

The majority of people overwhelmingly do not abuse the system. They care to pay their bills because they are hardworking people. The reality is, though, the costs are out of control. We need to find a way to expand a Medicaid system that can be cost solvent and, at the same time, provide the health care these people need. The answer is not a second or a third job, 80, 90 hours a week. Maybe for a certain period of time, but that is not a lifestyle for 20, 30, 40 years. No, it is not a lifestyle to work your life away. The American Dream is not predicated on that, it should never be predicated on that, and that is why health care expansion, through Medicaid expansion, is the way to do it. We have trusted the private sector for more than 20 years, since the mid-90s, when the last attempt was made and thwarted. This is the time to use what we have already accomplished, dating back to March 23, 2010, to find a way to say, you know

what, we're going to fix this problem. We don't have more people on health insurance, we have fewer. We don't have less health care debt, we have more. Expanding Medicaid is intrinsically related to hospital repayment because that hospital repayment debt is through Medicaid. Future Medicaid debts that will come, future bills that will come, will come out of the Medicaid system. We have to pay it through that and that's a result of folks needing the system, who don't have private health care, and they need to have health care to be able to afford these benefits. That is health care insurance. That's all it is. We need to find a way to do this because, quite frankly, the reality is what we are doing now without a Medicaid expansion is not working. I support Medicaid expansion. I understand most of us have probably determined where we stand on the issue. I appreciate the very strong feelings both sides have, but this is the right thing to do. This is the thing that this state needs to do, be a leader and not sit back and wait and watch as more problems occur. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Morrill, Representative Pease.

Representative **PEASE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I reluctantly, at the later hour, stand to speak in opposition to this, opposition to Part C. Part A and B started at the beginning of this legislative session, Part C was added later on, and like my good friend in the corner there from York said, I probably won't change anyone's ideas or votes and like all is said and done, there is going to be more said than done. But with that, I would just ask you to take pause for a minute. From those of us from all corners of the State of Maine, from all walks of life, the question is we are all sons and daughters, mothers, fathers, grandparents, the question is, here tonight, should we pay our bills? That's the first and the most important question. Expansion, I don't know. I don't want to talk about expansion tonight. I don't know enough facts. As a matter of fact, every day I use my God-given talent to read, listen and absorb things, and every day there are different facts. Tonight, in this room, we have heard that this expands to 69,000 people, 70,000 people, and 72,000 people. Go back and think what you've heard tonight. Three different numbers have been used in this room tonight in defending this. I don't know. I don't know the facts. Every day I look in the paper, there is something different about Medicare expansion. It may be a great thing and I think that we need to debate it on its own, but tonight I want you to pause. I want you to go back and think of your mother and father, your grandmother and grandfather, and things they taught you and the things you've taught your children and your grandchildren, and that is pay your bills. You don't keep borrowing without paying your bills. That is what should be before us tonight, that is the debate before us tonight, and I ask that when you go home tonight, when you hug the one you love, when you hug your children, you ask yourself, did I do the right thing here tonight and deal with the issue that the people sent us here to do? The people sent us to take care of the most important business, which is to pay our bills. The expansion is another whole issue that we need to delve into, we need to tear it apart, we need to chew it up, we need to spit it out, and then we need to put it back together and make it work. Thank you.

The SPEAKER: The Chair recognizes the Representative from Norridgewock, Representative Dorney.

Representative **DORNEY**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I know there has been a lot of controversy about whether these bills should be linked, and, unfortunately, I think that they should be linked. At the moment, we owe the hospitals over \$400 million and it's ironic that in the Health and Human Services Committee, the

Maine Hospital Association also testified that every year what we owe in bad debt to the hospitals is \$400 million as well. Actually, \$450 million is what I remember. So it's amazing that these are very similar numbers. We also have an opportunity in the State of Maine to really change the way that our Medicaid is used by the SIM grant that was given to the State of Maine by the feds for \$33 million. We have a really opportunity in Maine to change the way that we are going to be using our Medicaid dollars. The other thing that people are maybe not aware of is when the Affordable Care Act was designed, it was designed to try to cover almost everybody in this country, the first time that we actually have a chance to have universal health care in this country. The people we are talking about, whether it is 59,000; 70,000; no one knows exactly for sure, we're just able to estimate. These are the people who, under the Affordable Care Act, were supposed to get coverage through the expansion of Medicaid. People above this income should be getting subsidies to help pay for their health care, so that they actually can afford health care. But this group of people are not eligible for subsidies, so they are going to be in a catch-22 situation, where they can't get health care and they can't afford it because they won't be getting the subsidies. When the Act was designed, this was designed so that these people would be getting health care coverage. As a physician I can think of a patient recently, who is in her late 20s, having suicidal thoughts, has no health insurance and is not able to afford getting mental health treatment. I have a type 1 diabetic who recently lost her health insurance. She became type 1 diabetic which is insulin dependent after she had gallstones and pancreatitis. This is not something she brought on herself. She has been hospitalized twice in the last six months with extremely high blood sugars. This cost the State of Maine unpaid care. If she had health insurance, she could actually get her diabetes under control. My husband is also a physician. He is semi-retired. He does disability physicals for the state. He regularly talks about people who have health care issues that could easily be fixed but they have no insurance to fix it and, as a result, they are applying for disability because they can't solve their health care problems. Please vote for this bill. Thank you very much.

The SPEAKER: The Chair recognizes the Representative from Skowhegan, Representative McCabe.

Representative **McCABE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. What an honor to stand up and rise and speak after the good Representative from Norridgewock, who has actually birthed both of my children in my local hospital in Skowhegan, so it is quite an honor to stand. I think of how fortunate I am as well through the years to have been through some bumpy medical experiences in my own family and to be fortunate to have insurance. I guess I can thank the great people of the State of Maine for that, and I feel how fortunate most of us are to have great insurance. So I rise today to speak in favor of the pending motion and really look at it and listen to some of the discussion and debate tonight. And I think of the good people in Somerset County. I think of what a big difference this will make in their lives. You know, we're talking about \$12.9 million. That's a lot of money when you think about Somerset County. We're talking about over 35,000 people that are in need of health insurance, that will probably receive it if we go forward with this.

I also rise because I am very excited. No one tonight has actually spoke of the parts in this bill and the parts that were in the other bill as well, in regards to the drinking water projects and the wastewater treatment projects. So we've heard a lot tonight that this has nothing to do with this, that or the other, but guess what? There is a lot more in this bill and there was other parts in the other bills as well. I think tonight of places like Cary Medical

Center. Calais Regional Hospital. Mayo Regional Hospital. Northern Maine Medical. Franklin Memorial Hospital. Whoa, geez, that's been in the paper all the time talking about charity care. I think of my own hospital, Redington-Fairview. I think of the times I spent when my children were born there. With my first child, we were there over a week. We were fortunate enough to have insurance, which is actually pretty rare at Redington. I think of what a wonderful time we had. It's a critical access hospital like many of your hospitals in your communities. I think of Waldo County General Hospital. It's a great little hospital. I think of earlier. There was a question, you know, thinking about our children, our grandchildren, our grandparents. I often think of the teachings of my grandmother. We talk a lot about morality. My grandmother, she always had an extra seat at her table. There wasn't a lot of money, but they always managed to find a seat and feed other people who did not have the means to feed themselves. We always had family members at holiday times who brought somebody, who brought someone else. My aunt worked at the VA and typically brought someone home to enjoy Christmas with us. I think of those teachings. It's very interesting sitting here listening to the debate. We probably won't change anyone's mind, but to me this is a common sense measure. It addresses our hospital costs. It will lower health care costs for all Maine people. It helps our hospitals. The hospital in Skowhegan is a major employer. I have talked with my CEO. This will help our hospital. This will help our people, our economy. The members of this body have to decide. I've already decided what is important to me and I'll be voting my district. I'll be setting the politics aside. I'll be voting my district. You folks will have to decide what's more important, doing what's right for your district or doing what's right for the Chief Executive. The choice is clear to me and I hope that the choice is clear to you.

The SPEAKER: The Chair recognizes the Representative from Newport, Representative Fredette.

Representative **FREDETTE**: Point of Order, Mr. Speaker, in regards to the reference to the Chief Executive, it was out of order.

On **POINT OF ORDER**, Representative **FREDETTE** of Newport asked the Chair if the remarks of Representative **McCABE** of Skowhegan were inappropriate to the pending question.

The SPEAKER: The Chair would remind all members of this body to steer clear of indicating or referring to the actions or potential actions or intentions of the other body or the Chief Executive. Thank you.

The Chair advised all members that it is inappropriate to refer to the potential action of the office of the executive or the other body in order to influence the vote of the House.

The SPEAKER: The Chair recognizes the Representative from Vassalboro, Representative Fowle.

Representative **FOWLE**: Thank you, Mr. Speaker. I am in favor of this proposal. It pays back the hospitals and it accepts federal funds to help provide coverage to close to 70,000 Maine people. I am also in support of the liquor contract, which we seem to forget to discuss here tonight. The time for delaying and denying health care, though, for thousands of Maine people has passed. It's time to act now. We know that this proposal will help working families in every county in this state. It will particularly help people living in the rural areas of the State of Maine. It will also help our veterans. Approximately, 2,700 uninsured Maine veterans who do not have health insurance today could be covered in 2014 when Maine accepts federal funds that have already been set aside for the Maine uninsured. HHS Committee heard of a number of stories of veterans, veterans like Ralph, from Portland, who has two bulged discs, in his back and his

neck, arthritis and pinched nerves. Because of his condition, Ralph needs physical therapy and his current treatment is not covered by the VA. He is currently seeking treatment for his condition on an emergency basis. If his VA benefits would have covered this, all of his needs would be all right, but they don't. He needs our help. MaineCare would help fill the gaps to address the pain he suffers each day as a result of his condition. We have a U.S. Navy veteran, Tom Ptacek, who will lose his health coverage on January 1, 2014, if we do not pass this bill. Health care has made a difference for him. As Tom said, "Not knowing whether you have medical needs, whether your medical needs or possibly your future medical needs are covered weigh on you. It's having that security that helps you get up and go to work every day and go on with your life." Every day, we stand here and salute our flag and we salute our country. I find it hard to believe that we will let 2,700 veterans in the State of Maine go uncovered if we do not pass the MaineCare, the medical expansion. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from New Gloucester, Representative Espling.

Representative **ESPLING**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Earlier speakers suggested that the folks in leadership on this side of the aisle use strong-arm tactics to get us to vote a certain way, and Mr. Speaker, I have never known this to be the case. I will be voting against tying all of these issues together in this bill, LD 1546. I am not voting against the issues in this bill, but I am voting against the merging of all the issues and no one is making me vote this way. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Gorham, Representative McLean.

Representative **MCLEAN**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I've listened to the debate tonight and I've heard so many of the good Representatives from the other side of the aisle say "I support paying back the hospitals." "I support the liquor contract." "I even support accepting federal dollars to expand health care in this state." Well, I say, let's do it. If it's in front of us, let's do it. But I think that we're making political excuses. I think that we're making political excuses and I'm afraid that politics is getting in the way of doing the right thing. Other Republican Chief Executives have moved beyond the politics and have done the right thing. Governor Brian Sandoval of Nevada, in his State of the State Address back in January, said, "All in all, this makes the best sense for the state to opt in. This is a way for me to protect all these people. It would cost the state \$16 million more not to opt in. Over the next 6 years, this comprehensive approach will create up to 8,000 new health care jobs and inject over half a billion dollars into our state's economy." Although those numbers aren't as high here in Maine, it is still going to inject millions of dollars into our economy and save lives and improve the health and welfare of the people of this great state. I hope that you will join me and many other Republican Chief Executives in doing the right thing and supporting the Ought to Pass motion. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Portland, Representative Chipman.

Representative **CHIPMAN**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Who pays when someone has no health care and they are sick and they end up in the emergency room, they get charity care, uncompensated care coverage? Who pays for that? We all do. There is approximately 130,000 uninsured people in this state and we're paying for all of their health care in the most expensive way at this point. We have an opportunity to expand health care offer

coverage to about 70,000 of those folks, which is about half of all of our state's uninsured. Do the math. That is approximately 464 people in each of our districts. That's amazing. This is a huge deal. We have an opportunity to give them health care tonight by voting green on this bill. We all know the Federal Government is broke, the debt is out of control, taxes are too high. Nobody is saying that's not the case, but can we afford to reject federal funds, and if we do so, will that cause the debt to go down, will taxes get reduced, or will this money be spent on another state on another project somewhere else? I think we all know what the answer is and if we do really think that rejecting federal funds is going to cause the debt to go down and taxes to be reduced and call this to get our fiscal house in order, why don't we reject all federal funds for roads, education, everything else we get federal funds for? I don't think a poor state like Maine, a small state of 1.3 million people, can afford to be rejecting federal funds. Whether it is the Federal Government, the State Government, whether it is now or whether it is later, we will all pay or are paying for the health care of the uninsured regardless. It's a question of how we go about it. Accepting federal funds now makes sense. Thank you.

The SPEAKER: The Chair recognizes the Representative from Fairfield, Representative Kusiak.

Representative **KUSIAK**: Thank you, Mr. Speaker. Women and Men of the House. Thank you. I rise for the first time to speak on a bill on the floor this session. I support the pending motion. This bill will expand coverage to 70,000 Maine people, many of whom currently live close to financial crisis pending an accident or illness. Furthermore, a failure to pass the bill will cause 14,500 parents in Maine to lose their health care benefits on January 1, 2014. The security the passage of this bill will bring to families will help the children in these families. Parents who have access to mental health and physical health care will be better equipped to rear and nurture their children. Children who are reared in more secure environments are more likely to develop optimally in emotional, intellectual and physical areas. I've learned that many people in this chamber are concerned with student achievement. I've typically responded to those who have expressed these concerns by encouraging the person speaking to find ways to support families, parents and grandparents who are rearing children. Pass this bill to support the parents and grandparents so that they may be healthy in mind and body to nurture their children and grandchildren. Thank you.

The SPEAKER: The Chair recognizes the Representative from North Yarmouth, Representative Graham.

Representative **GRAHAM**: Thank you, Mr. Speaker, and thank you, Ladies and Gentlemen, for listening to all of us, respectfully listening to all of us. Ladies and Gentlemen of the House, have you met someone who's lost everything because they or a member of their family has gotten sick or injured? I have. Have you encountered a person who goes to the ER so very sick because they put off going to the doctor because they had no health insurance? I have. This isn't theoretical. This is real. This is literally about life and death for many of our neighbors and friends. We must treat the problem, not just the symptom. By taking federal dollars, we could greatly reduce charity care that so burdens all of our hospitals. According to federal law, anyone who walks into an ER must be treated, even if they have a very minor illness that could be better cared for in a primary care office at a much, much lower cost. An ER visit versus a primary care visit is far more expensive. If a patient has no health insurance, the hospital has to eat the bill. If any individual has health insurance, they will be more likely to see their primary care provider, and if they do go to the ER, their treatment will be covered. Health care is not welfare. I, along

with several of my colleagues in this body and the other chamber, are health care providers, not welfare providers. We are committed to health and wellbeing of the families we meet. This is not about politics. This is about people.

I strongly urge all of my colleagues to think about what it truly means to provide health insurance to close to 70,000 Mainers. Think about my friends Susan and Nathan, who are not struggling enough financially to qualify for MaineCare. Nathan owns a small business and Susan works at a local grocery store. Here's the rub: Nathan and Susan are parents of Andrew, a little boy who has severe cerebral palsy as a result of being born prematurely. Andrew is about 10 years old now. I met him in the pediatric neurology practice I worked in. Andrew is getting bigger every day. Susan has recurrent shoulder and back injuries because Andrew is getting pretty heavy and moving him from his wheelchair is not getting any easier. Getting care for these injuries is a constant strain on the family's budget and Susan ends up not getting the care that she needs because she has to buy her family's groceries. Did I mention that Nathan is a volunteer firefighter and that Susan is a constant volunteer at Andrew's school? My friends Nathan and Susan don't need or want welfare. They need health care. They need MaineCare. They need this Medicaid expansion to survive. How can we turn our backs on Nathan and Susan and Andrew and the 70,000 Mainers who have no health insurance? Governor Christie has not turned his back on the people of New Jersey, Governor Brewer has not turned her back on the people of Arizona. I will not turn my back on the people of the State of Maine. I will vote for the Majority Report and I ask that you listen to your heart and support the Majority Ought to Pass Report. I thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Fort Kent, Representative Nadeau.

Representative **NADEAU**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I have not risen often but tonight. Does anyone in here think that if somebody presses a red light here tonight that they are not in favor of taking care of the citizens of this state? Yes, there is an opportunity here to vote and to vote your conscience and to vote what's right. If somebody thinks that there are no politics being played here tonight, then we'd have only one bill to look at tonight. The strong-arm tactics were done before we got here tonight. As far as the expanded health care, do you think that anybody else on this side of the aisle is not interested in fixing the health care system for this state because we don't want to go along with some of the things that are happening here tonight? I think not. Many of you have bought a car. You've gone out, you've been to dealerships, you've gone all over the place. Wouldn't you like to at least get a Carfax to find out what the facts are about the car? We were sent here to do the right thing. The issues of paying the hospitals is the right thing. The issues of expanding health care are the right thing to do but not in this place tonight. I am all for the people of this state, great, small, no matter who they are, but the strong-arm tactics are what's caused this divide tonight. They do not need to be linked to get the job done. Thank you.

The SPEAKER: The Chair recognizes the Representative from Brunswick, Representative Daughtry.

Representative **DAUGHTRY**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise in support of the pending motion. I, like many of the good Representatives who have spoken before me, am in my first term. I ran because of many things, but one of the major reasons I ran was due to our country's need for affordable health care. I was raised in a family that valued the common good and believed that health care is a

human right. Today we have a chance to take a strong step towards reforming health care. It's time for Maine to pay off its hospital debt and to ensure that we don't accrue this type of financial liability ever again. We know that Maine's hospital debt is a symptom of our high health care costs. When people without insurance get sick, they often end up in the emergency room, as we've heard tonight, and have to get charity care which, then in turn, is passed on to all of us and raises the rates of private insurance and creates the very hospital debt that we are here tonight discussing. Not only does this lack of insurance and charity care drive up hospital debts, but it also puts Mainers in a frightening financial position. Too many Mainers are one illness or accident away from financial ruin. Michelle, from Freeport, and her partner do not have health insurance. She explained in testimony provided to the Health and Human Services Committee that if there was a catastrophic condition, we would be on the street. Right now, we are paying our mortgage but not much else. It is the difference between being housed or not. Michelle is working, but they are struggling to make ends meet because her partner is struggling with health problems. They worry every day about her partner's health deteriorating further and losing everything they own.

This fear of financial ruin due to health care costs is a reality I have witnessed. One of my dearest friends and a woman whom I look up to as my role model has experienced this fear firsthand. She has been working since she was 14 to support herself. When she got married, she was the sole breadwinner for her family. Two years ago, she lost her job and her marriage ended. She suddenly found herself a single and an unemployed mom. While all of this was happening, she came down with a near fatal case of MRSA. We nursed her back to health, but she ended up in the emergency room many, many times. For 18 months while she looked for work, she lived in fear of a reoccurrence and how would she deal with her current medical debt or heaven forbid if the MRSA came back and she had to end up in the hospital again. She was a single parent who faced financial ruin due to the unimaginable happening. She is now back on her feet, but recently she discovered large breast cysts and feared some treatment costs, even with insurance, that they could leave her with insurmountable, huge debts. Medical debt can and has destroyed people's lives. Mainers shouldn't live in fear of their own health. Accepting federal funds to increase health care coverage is the right thing to do and will give Maine families the security they need to get the care they need, when they need it, without facing huge frightening medical bills.

Also, I've not heard something in tonight's debate. We keep hearing about accepting federal funds. We keep referring to it as federal funds. But one thing that no one has said tonight is that this is our money. We are America, we stand united. We have all paid into that united group of money. It is our money. We are just getting back money that we've already paid into the system and if we don't accept the federal funds to expand Medicare coverage, that money will be going somewhere else. Heaven forbid if it go to New Jersey or New Hampshire, but I think that we should accept our money back. This is a team effort, we are one nation. We must act now to accept federal funds to expand this coverage. People's lives are on the line. In all of our decisions, as politicians and as citizens, we must always remember the common good. We need to take care of our own. Right now, we have the opportunity to make a change that will positively impact generations and generations to come. Many years later, we will look back at this point as a turning point. I hope I will be able to sit down with my grandchildren and tell them that we are on the right side of history and took a strong step together, beyond

politics, to reform health care and provide quality care for those of us who need it most. Thank you for your time tonight. I urge you to follow my light.

The SPEAKER: The Chair recognizes the Representative from Limington, Representative Kinney.

Representative **KINNEY**: Thank you, Mr. Speaker. Tonight, I rise in opposition of the pending motion. Mr. Speaker, Ladies and Gentlemen of the House. While in committee last week, while debating Parts C, D, E and F, one of the members from the other side of the aisle informed the committee that the expansion of Medicaid, mainly Parts C, D, E and F, would not cost the Maine people not one dime. Not one dime. The work session on Part A was very extensive. We worked, we debated, it was an excellent discussion, and the headway was fantastic. The work session on Parts C, D, E and F were nonexistent and provided no expertise in regard to proponents or opponents to help make any logical decision. I've been hearing tonight that there is money set aside in Washington for this program. There is no money set aside in Washington. Washington can't be any more broke. Each person in this country owes \$53,289. If you do pay taxes in this country, you owe \$148,052. Each Maine citizen owes the State of Maine \$6,576. I've heard a lot of numbers tonight. Mr. Speaker, those are numbers that we owe. I would love to see expanded MaineCare. I would love to see this go forward. But we need to move forward with some incentives to create more jobs in this country, more jobs in this state. We need to move things forward to bang this economy and to get it rolling. Right now, the problem in this state, here's the problem I face. I work three jobs. I have not had a vacation in, I think, 13 years, and I let some contracts go this year because I can't afford to pay the federal income taxes anymore to cut those checks, and I owe another check on the 15th of June. I don't have the money to make it yet. Thank you very much, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Hiram, Representative Rankin.

Representative **RANKIN**: Thank you, Mr. Speaker. I rise tonight in support of the pending motion. Since so many people have told their personal stories tonight, I decided I might as well tell a little bit of mine and I will try to keep it brief. I feel sorry for you having to stand up there so many hours. I was born in 1931, a child of the Depression, and, believe me, I know what it is to be poor. There were five children in the family and my father deserted us and my mother had to swallow her pride and ask for welfare so we wouldn't starve. My older sister was a victim of rheumatic fever, had many, many attacks, and we didn't have any money to take her to the doctor, and finally, they took pity on us and put her in the hospital and she was in and out of the hospital all through her childhood and she died very young, whereas if she could have had care, I think she would have had a longer life certainly. My mother worked three jobs, including scrubbing floors on her hands and knees, anything to do whatever she could for us. There were not the opportunities for women in those days like there are now. I have been blessed with very good health all of my life. I've really been very thankful for that and I've changed a lot. Good luck came into my life, the good Lord was very good to me, and I've had a wonderful life and I certainly never dreamed I would be a state legislator. And I am very, very proud to serve the people of Maine, and I am very proud to be on the Education Committee and work with some wonderful people, and that includes Representatives from both sides of the aisle. Many times, we've been able to come to unanimous decisions and I believe they vote the way they sincerely think is the right thing to do.

As I said, I've had good health all of my life, but I can tell you, you don't know what the future holds, any of you. No matter how

young you are, we have some very young legislators and I love them and I admire that they are here and willing in their young lives to devote time to their country, but they are going to get older too. And I guess most of you know, I got the surprise of my life on December 19 when I had quadruple bypass surgery. I never even knew I had a problem with my heart, so God knows I certainly support helping our hospitals. I've had wonderful, wonderful care at Maine Medical Center in Portland and here in Augusta. In fact, I'm still going to Augusta Hospital for cardiac rehab, but I'm lucky I have insurance. But I think of other people my age who have been fortunate enough to live these many long years and had the help that I needed when it became necessary. So I just want to share with you before I stop talking here, think about not only your own health, but if you're older, like I am, about your children or if you have grandchildren, and what's going to happen to them in the future. The hospitals need money for research and we just can't forget those people who cannot help what life has offered them. We don't all get the same deck of cards and we have to use them whatever way we can and the best way we can, and we have to remember those who are less fortunate. So I am going to keep my promise to you and not talk any longer and end up by saying, please take advantage of this wonderful opportunity. I say that from my heart to your heart. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Wells, Representative Chase.

Representative **CHASE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I rise in opposition to the motion before us, not in disagreement with the liquor contract portion – or certainly paying the hospitals, which I absolutely believe we should do – as there was accountable, honest, hard work done by all on those pieces both in VLA and in Appropriations. And I certainly am not in disagreement with looking at the best possible option that we as a state can get if we all agreed to move forward with the Medicaid expansion. My opposition to the motion of Ought to Pass on this bill is because the liquor contract process and the Medicaid expansion proposal have both been incorporated into this one bill. Two potentially good ideas that could have been successfully worked separately will die together as the bill is now. There is no one in this chamber who is not aware of the likely outcome of this bill as it is. There is no good ending to the path LD 1546 is currently on. Because the emergency mandate has already been removed to help it pass, an additional \$5 million has been added to the cost of paying our hospitals back now. Why are we moving in this useless direction? Both parts of this bill that deserve to be considered on their own merits will die together. It makes no sense. Why would we do this to the hospitals who must be paid, to those needy and vulnerable who must have care, and to the good people of Maine who expect better? We are responsible adults acting irresponsibly. I ask the Men and Women of this House to take an honest look at what we are doing here, and for the sake of all we represent, change the course of this sure death with one bill by making it into two bills that can potentially succeed into legislation that we can all agree to and be proud of. LD 1546 as it stands is neither. Thank you.

The SPEAKER: The Chair recognizes the Representative from Dexter, Representative Wallace.

Representative **WALLACE**: Thank you, Mr. Speaker. Mr. Speaker, Colleagues of the House. I do not stand ever to speak, I do my work otherwise, but tonight I've got a few things to say. I work on a very good committee. We work very good together and we work very bipartisan. This year, we faced two bills. The bill on autism and a bill on hearing. We voted unanimously on both of these bills to take them into next spring to see what we

could do, what ACA will do for it, without us taking the cost through MaineCare. Now, we're asked to vote for 70,000 people without knowing what ACA is going to do, because two weeks ago, people from the Executive's office and DHS went to Washington to speak to Secretary Sebelius. She told them, at that time, they don't know what's going to happen. They don't know who is going to be accepted. If any of these people are accepted to ACA, it cost them \$8 a week to get health insurance fully covered under the ACA. If even half of them get covered, think of the money that we'll save the State of Maine by only waiting until January. I would think that would be a very intelligent move for this body. I know I have voted both ways in this House and I've got a lot of nice letters and notes from a lot of you for my vote, and I ask you now to think before you make this vote. Do not commit the Maine Medicare to a cost it can't afford when ACA will probably pick up most of it through their own health system and the \$8 a month per person. That's all they have to pay. Thank you.

The SPEAKER: The Chair would remind members to make their remarks through the Chair in debate.

The Chair reminded all members to address their comments toward the Speaker.

The SPEAKER: The Chair recognizes the Representative from Cumberland, Representative Moriarty.

Representative **MORIARTY**: Thank you, Mr. Speaker. Good evening, Men and Women of the House. For over three hours now, we have debated at length the three components of the pending legislation. It is apparent that not all components are supported equally. In fact, one component has been described as either unacceptable or, at best, premature. But in my view, the three portions have been joined together in a comprehensive logical fashion to address a complex problem for which there is no easy or uncomplicated solution. It is clear that there are sincere political differences on whether a comprehensive or a sequential process is the more appropriate way to go. The personal experiences and testimonials that we have heard tonight have been both moving and heartfelt, and may I say that the comments of the good Representatives from Augusta and Hiram have been both inspiring and courageous. Taken together, the stories we have heard tonight argue persuasively that we owe it to those whom we represent to resolve jointly the issues that are inextricably linked, the duty to pay for services rendered and the duty to address the desperate need for those services by those who cannot afford to pay for them. It is plainly apparent to me that the whole is greater than the sum of its parts. Objections to one portion of the bill should not determine our position with respect to the overriding beneficial result that this legislation will produce. I urge the members to support the pending bill. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Chelsea, Representative Sanderson.

Representative **SANDERSON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I apologize for rising twice; however, I've listened to a lot of the debate and we have a lot of talk that is mirroring very closely a lot of what was said in here back in 2001 when the first Medicaid expansion was deliberated, a lot about how we were going to reduce charity care for our hospitals, a lot about how we are going to reduce the rate of uninsured, a lot about how we are going to increase access for the citizens of this state. Looking at the numbers though, that's just not true. Medicaid expansion doesn't mean that all of those things will go away. According to the DHHS, charity care has increased from \$67 million in 2001, when this debate took place, to \$196 million in 2011. Higher enrollment and spending have created competing priorities, such as I mentioned in my earlier

testimony, and we're not setting our priorities where they should be, causing 3,100 disabled elderly to be on waiting lists while able-bodied adults have coverage. Health has not improved. The New England Journal of Medicine study shows expanding Medicaid has not saved lives; it will not save lives. Compared to New Hampshire, which did not expand Medicaid, Maine's all-cause mortality among adults between the ages of 20 and 64 increased by 13.4 deaths per 100,000 post expansion. And medical access issues. Because of the great expansion that we have had and the breadth of services that we now cover and the limited resources that we have in our coffers, reimbursement rates have been reduced and this has caused access issues, as fewer and fewer providers accept patients with MaineCare coverage. I just wanted to straighten that out and offer you that information to make sure that when we are talking about Medicaid expansion, we're talking about all the potential problems that may not be cured by expansion. Now also, when I stood up earlier, I posed a question through the Chair. I asked for documentation saying definitively that we have definitive answers from the Federal Government, a firm commitment from them that, yes, they were going to pay for childless adults at 100 percent. The response back was that we've read letters; I have the letters, and I'd like to read them to you right now because I'm not seeing a firm answer in here. I've read them carefully. I am not hearing the Federal Government saying we have agreed to contract and pay the State of Maine at 100 percent reimbursement for the next three years. The first one is addressed to our Speaker.

"Thank you for your letter sharing your views about the availability of federal matching funds for Maine in 2014 for individuals currently covered by Maine's section 1115 demonstration, MaineCare for Childless Adults, should the state elect to cover the new adult eligibility group authorized by the Affordable Care Act. The new adult eligibility group provides Medicaid coverage for low-income individuals with income up to 133 percent of the federal poverty level; with respect to the expenditures for individuals determined to be "newly eligible" in this new group, the applicable federal medical assistance percentage (FMAP) is 100 percent for 2014, 2015, and 2016, decreasing gradually thereafter but never below 90 percent. In general "newly eligible" individuals are those who would not have been eligible for full benefits, benchmark benefits or benchmark equivalent benefits under a [new] state's Medicaid state plan or waiver as in effect on December 1, 2009. As discussed below, we believe that individuals currently covered by Maine's MaineCare demonstration are likely to be considered "newly eligible" and therefore subject to the increased federal match[ing] rate." Are likely, not most certainly are. "However, to make a formal determination about the applicable FMAP, we will need to receive information directly from the State of Maine." This is not done yet. This is not absolute, ladies and gentlemen. The last paragraph in this letter – actually, I will move on to the second letter that we have. This letter addressed to our Speaker arrived here on April 30, 2013. The very same day, April 30, 2013, a letter was sent to the Chief Executive's office. It reads:

"I appreciate your letter regarding Maine's difficult budget situation and the letter from Health and Human Services Commissioner Mary Mayhew about your state's Medicaid program and options for implementing the Affordable Care Act. I remain committed to working with you to consider all available options for ensuring the sustainability of your Medicaid program. "As you know, states have considerable flexibility in their Medicaid programs, particularly in areas such as benefit design, cost sharing, provider payments, and delivery system structure. The Centers for Medicare & Medicaid Services...is available to

work with your staff to take advantage of all available flexibilities under federal law. I am pleased we were able to award [a Maine] State Innovation Model grant to support your work in improving care and lowering [access] to Maine's health care system—including in your Medicaid program—and we look forward to continued close work with you on the implementation of your proposal. We will also continue to carefully consider any new proposals you submit but note that the maintenance-of-effort requirements in the Affordable Care Act continue to apply to adults until January 1, 2014, and to children until September 30, 2019.

"Regarding Commissioner[s]...concerns about the availability of the 'newly eligible' increased federal medical assistance percentage...for the new low-income adult group eligible [under] Medicaid, CMS wrote to Maine's Medicaid Director on February 14, 2013," – I believe this is the initial reference date that was referenced by the good Representative Gattine when he spoke earlier trying to answer my questions – "explaining the process to establish the proper FMAP relating to populations covered by the state's two section 1115 demonstrations. As discussed with the state's Medicaid staff on March 20, 2013, we will need an analysis of the benefits available through those demonstrations to help us confirm which increased match rate (the "newly eligible" match rate or the "expansion state" match rate) will be available for individuals in the low-income adult eligibility group in 2014, should the state choose to extend Medicaid eligibility to this population. Our rules ensure that each state will receive the highest match rate available under the law; be assured that Maine's status as an "expansion state" [does] not preclude it from receiving the "newly eligible" FMAP for populations that meet the newly eligible definition.

"While we are awaiting the state's benefit analysis, it appears from preliminary information that the benefits available under the childless adults demonstration project as of December 1, 2009 were not full Medicaid, benchmark, or benchmark-equivalent coverage. Assuming" – assuming, not a definite but assuming – "that is accurate, the increased newly eligible FMAP would apply to expenditures of individuals who could have been eligible under that demonstration project." There is just a few more things here, but obviously, in these letters, there is no definitive answer...

The SPEAKER: Will the Representative defer? The Chair recognizes the Representative from China, Representative Cotta, and asks for which purpose does the Representative rise?

Representative **COTTA**: Mr. Speaker, I'd like to raise a Point of Order.

The SPEAKER: The Representative may proceed.

Representative **COTTA**: Yes, Mr. Speaker, I refer to the House Rules of December 5, 2012, Rule 501. In the order of business, and I will read it, business may not be transacted in the House after the hour of 9:00 pm.

Representative COTTA of China **OBJECTED** to extending the session past 9:00 p.m.

The SPEAKER: Will the Representative from China, Representative Cotta, come to the well of the House, along with the floor leaders from the majority and minority party?

The Chair recognizes the Representative from Newport, Representative Fredette.

Representative **FREDETTE**: Mr. Speaker, my understanding is having invoked Rule 501 that I would request on the Republicans on this side of the aisle, that we would have Representative Sanderson finish her speech. We would have one other Republican Representative speak after that and then we would move the question.

The SPEAKER: The Chair recognizes the Representative from Bowdoinham, Representative Berry.

Representative **BERRY**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I recall fondly a former Representative from this body who used to stand up at moments like these and pose a question through the Chair to anyone wishing to answer, and that question was always "Is there anyone in this body whose mind is not yet made up?" I think that question would have been welcomed tonight and I think that it is time now for us to move on to vote this bill and to go home to our families. So I am asking the Representative from Westbrook, Representative Gattine, to speak on behalf of our caucus and to end there. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Chelsea, Representative Sanderson.

Representative **SANDERSON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. Now, where was I? I might have to start all over. Just kidding. I believe I had gotten to the point where I had finished reading the body both of these letters, the one that had been sent to the executive branch on the second floor as well as the one that had been sent to the Speaker's office, and in neither of these letters is a definitive yes, we will cover an expanded childless adult population at 100 percent. Both letters have indicated they need information from Maine before they can make that promise completely. They've said, most likely, but they still haven't answered because they still haven't received all the information from our state. We are still doing the actuarial analysis that is required to make sure that we are going to have this population of folks covered at 100 percent. So, after having read these letters, it's my assumption, or actually my opinion, that until we have this data, do not move forward on the Medicaid expansion piece. You could potentially be putting the citizens of this state on the hook for a whole lot of money, stressing an already stressed Medicaid system. We don't want to do that. We want people to be covered. We want people to have the best care possible, but we can't do that if we can't continue to support the programs that we already have. And I will just end and ask the good Representative from Westbrook, Representative Gattine, if he has in his possession or if he has read letters that are any different from these, and if he has not, then I respectfully submit to this body that we don't have the final answer yet. Thank you very much.

The SPEAKER: The Chair recognizes the Representative from Auburn, Representative Beaulieu.

Representative **BEAULIEU**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. It probably is going to be a challenge to get your attention, but I thought that I would start out by telling you about a love story which may draw you a little closer. I actually fell in love with 1546 before it was 1546 and I want to tell you exactly why. This particular bill, of course, when I was able to join the Veterans and Legal Affairs Committee, one of the things that was of major importance to us was the possibility of writing a new liquor contract and making it new. It had been in effect for a long period of time. It had caused too tremendous amount of consternation and anguish, and we hoped to actually put something together that was going to be worthwhile and advantageous for the state. So, this year, with the help of the Appropriations Committee, we engaged in the writing of a 10-year contract for the state worth a potential half billion dollars, a pretty good sum of money. This revenue was to be used to pay off hospital debt, establish two revolving loan funds for wastewater treatment – thank you for reminding me about those – and drinking water programs, each to receive approximately \$3.5 million annually, each to draw down federal dollars to bring about huge construction projects all over the state. Previously to this particular point, we had to bond these programs. This would end that opportunity for 10 years and, I

think, set the state at ease with regard to the demands they were making upon people who were not interested in bonding any longer. In any event, the remaining revenue would help finance roads and bridges and replenish depleted resources in the Maine Budget Stabilization Fund, an actual value to the state because of the way it upheld our bond rating. We have constantly dug into that fund, unfortunately, and I've seen years when we were depleting it to the point of having just a few million dollars there. What accumulated eventually thereafter would be used to pay off revenue bonds and create a nest egg worth an estimated \$100 million once the bonds had been paid off completely. At this time, the remaining proceeds would be distributed according to a cascade incorporated in the bill.

This bill was crafted by both Democrats and Republicans. In reality, the good Representative Carey and Senator Flood came to our committee and offered us some recommendations based upon how we would finance it through the Maine Municipal Bond Bank and revenues that were going to be created from that. It was a time that we felt very strongly about where we were as a committee and where we were with regard to the writing of this bill, and we were confident that putting it together, although a tremendous task, was going to work to our advantage, the state would benefit a great deal, construction would benefit a great deal. I mean, it just seemed a good thing for a lot of people and for the state in general. What happened after that, of course, is something you've heard a great deal about today and I'm not going to proceed with the discussion of that any longer. I just think that this particular bill, once put into effect, if in fact it would have passed, because we took a straw vote and the straw vote gave support for it, strong support for it. That afternoon, I think it was Thursday afternoon, I actually believe this would have been the most important achievement of this legislative session, truly. It was a bill that we needed to pass, it was going to help a tremendous number of people, and I think that the passage of that bill would have been absolutely stupendous for everyone in the state. Utilizing the revenue to pay off longstanding hospital debt equal to \$480 million and potentially leading to the release of more than \$200 million in bonds for a variety of programs, this bill was a job creation bill, an economic stimulus program offering hope and reducing the new 6.9 percent unemployment rate to an even lower level. I mean, it was a plus for the state. Likely, it passed to a great deal to benefit all. I commend the leadership provided by Senator Tuttle and Representative Luchini for playing a major role in reducing political tension and setting a tone where cooperation and consensus were of paramount importance. However, today we are in a completely different place. We have added to this particular bill MaineCare expansion, Medicaid expansion. I always hoped that somehow we would have let both bills run on their merits and get support or defeat based upon the value of each. Putting them together, I think, was a mistake. I think it was disingenuous and I think dishonest to the Maine people and to the people that we work for every single day. I think Representative Chase said it well tonight when she concluded her presentation by suggesting that we all know what the outcome will be here, and in the long run, we all lose as a direct result of its being in the posture that it presently is. With that, I thank the Speaker and I thank you for your attention at this late hour and encourage you to do your level best, to do what is in the best interest of the state. I understand that we all come from different walks of life and we understand and look at life very, very differently, but the fact is it is amazing how we work for the common good and we don't want to miss that boat tonight. Thank you very much.

The SPEAKER: The Chair recognizes the Representative from Westbrook, Representative Gattine.

Representative **GATTINE**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. It is an honor to rise and address this body on this historic day, this historic evening, this historic night. I've sat and listened to all of the debate tonight. I'm not going to repeat a lot of what other folks have said, but I do want to summarize some of the things I've heard. We have an opportunity before us that will close the chapter on the outstanding hospital payments and provide payments for the hospitals for services they provided back to 2009. This is an ugly chapter in the history of Maine's MaineCare program and I think we are all going to be happy to have that behind us. But the bill before us will also provide tremendous economic benefits to Maine businesses and Maine workers. It will strengthen our MaineCare program and state funded programs by replacing General Fund dollars with federal dollars. But most important, it will provide the benefit of good health and economic security to 70,000 Mainers who work hard but can't afford health insurance. Paying back hospitals is the right thing to do. Providing health care for these 70,000 people is a moral imperative. Now I'm not going to go through all the economic benefits; we've heard them. Two hundred and fifty million dollars injected into Maine's economy, 3,100 new jobs. This money isn't cash payments or direct payments to people on public assistance. These are payments to health care businesses, large and small, in cities and in rural areas. Hospitals are the big winners in this equation and this is why Maine hospitals support both parts of this plan. They get paid back the money they are owed and they receive an additional \$168 million annually to offset the cost of free care they currently provide. We've heard about what charity care does to our health care economy. It drives the need for hospitals to seek higher reimbursement from large payers – Medicaid, Medicare and private insurance. Cost shifting drives up the cost of health care and that cost is ultimately passed on to businesses and consumers who pay premiums for our health care.

As I mentioned earlier, accepting these federal dollars will strengthen MaineCare and other state funded health programs. We will receive 100 percent federal funding for newly insured Mainers. We will receive 100 percent federal funding for thousands of people who are currently covered at only 62 percent. We will even receive 100 percent federal funding for some services that are being funded with 100 percent state dollars, including costly mental health services and services paid for by the Department of Corrections. We will receive federal funding for medical costs now being covered by our general assistance programs. We are not getting a worse deal than other states. We've had a lot of discussion tonight about these letters and people can look at these letters and read them themselves, but what I want people to understand is that, in February, our Department of Health and Human Services received a letter from the Federal Government telling them what they needed to do. It said that there was a way to get 100 percent funding without doing costly actuarial studies, studies that we were going to have to pay for, and instead of responding to that right away and I don't know why they didn't, there has been delay and delay, and finally now we have letters from the Federal Government mapping out exactly what we need to do to do the paperwork to get this 100 percent federal funding. We need to just get it done. I don't know why it hasn't been done yet.

We heard tonight about administrative costs and a number of the couple of the previous speakers talked about \$7 million in administrative costs in the next biennium. Well, that was the number that we were provided at the DHHS Committee, but based upon information that was subsequently given to us in response to our questions, we now know that that's not the case, that the federal match rate we are going to get for administrative

costs is actually much higher than what we were originally told it was. The fiscal note for accepting these federal funds is zero dollars. The benefits will more than offset any modest administrative costs.

I want to address a comment tonight that was made about waiver services and I agree with the Representative from Hancock and the Representative from Chelsea and others who have spoken. I wish we could get rid of all the waitlists and I think it's disgraceful, frankly, that we have not found a way to do that. But people who are on waiting lists, for elderly people and people with disabilities who are on waiting lists for waiver services are getting MaineCare. They are not getting their services delivered in a way that the waiver describes, but they are getting MaineCare. So those folks are getting served by our MaineCare program. I wish we had the opportunity to take care of that now, but it doesn't seem that we can. The bill before us doesn't address that problem, but I am hoping we can address it in the future.

I keep hearing people question why we are moving these issues forward together, asking, "Why link them?" I think these people have got it backwards. Outside of this building, out in what some people refer to as "the real world," these issues are linked. Only in the arcane world of party politics and legislative procedure would we even think about delinking them. Over the last 10 years, I've had the opportunity to work for some of the largest health insurance companies in the country, and if I had a \$460 million problem with a key business partner, and believe me, hospitals are among the most important partners to our Medicaid program, and I went to my CEO and I said we were going to pay off that debt, the first question my boss would ask me is "How can we make sure that we don't have that problem in the future?" And if I looked my boss in the eye and I said, "Well, you know, we're just going to make the payment now. I know how to fix the problem but we're going to do it later, we're going to study it," my boss would look at me like I was crazy and she'd probably fire me. These problems are linked together. We have an opportunity now to fix the problems of the past and address future problems in our program. We can't afford to delay. We've talked about studying this, we've talked about delaying it. We can't afford to delay. The offer is time limited. Three years beginning on January 1, 2014, barely seven months away. We know from the Department that they need time to get ready, they need to enroll people, they need to modify their systems. This will take time and DHHS has delayed so much at this point that time is not on our side. We cannot afford to run out the clock on this session and not have this done. We don't need to study this. We have the answers we need. The Federal Government has told us exactly what we need to do and we just need to get it done.

There has been a lot of questions and commentary being asked about the Federal Government's commitment to this program. People ask, "How can we trust the Federal Government to keep its commitment?" These people want you to believe that the federal commitment is at risk. To me, this is a smokescreen. What those people don't want you to know is that the U.S. Government has never failed to keep its commitment to Maine, not in the 48-year history of the Medicaid program. It has never missed a payment. What those people don't want you to know is that the formula used to compute federal match hasn't changed in decades and that, in 2015, Maine's regular match rate is scheduled to go up. What those people don't want you to know is that the last time the Federal Government offered states a large boost in the match rate, the ARRA funds that we keep hearing all about, not only did they keep that commitment, but they extended the enhanced match rate by an additional six

months. The facts and the history demonstrate that the federal commitment to this program is unwavering since Medicaid began back in 1965.

Ladies and gentlemen, I'll wrap up. I represent Westbrook and Westbrook is a lot like the towns and the cities that many of the rest of you represent. It's a great town and if you don't get to spend a lot of time there, I encourage you to come visit. Like many of you, I'll be home this weekend marching in my local Memorial Day parade, and next fall, for one reason or another, like I've done for the last 10 years, I'll be walking in neighborhoods meeting people, knocking on doors and checking in on folks, and when I'm out and about in Westbrook, I don't come across too many rich folks, I don't come across too many upper middleclass folks. Most of the people who I represent are hardworking Maine people, who have been hit hard in the past few years and haven't really recovered from the recession. They work hard, but they don't have jobs that provide insurance. They can't afford thousands of dollars for premiums and deductibles and copays, and they certainly can't afford to get sick. They can't afford to pay doctors and hospitals and pharmacies and, at the same time, buy food, shop for groceries and purchase heat. My point, ladies and gentlemen, is if we don't pass this legislation and accept this money, what am I going to say when I go out and talk to the people of Westbrook this summer? What am I going to say when they ask, "Hey, Drew. I'm working hard and I can't afford to get sick and my family could have health insurance one hundred percent funded by the Federal Government. What happened? How come all these other states are covering their people but Maine isn't? How come every state in New England is helping their people out but Maine isn't? How come western states like California, Oregon and Washington are helping their people? How come Midwestern states like Michigan, Illinois, Ohio and Minnesota are helping people? States with Democratic Governors like New York, states with Republican Governors like New Jersey, southern states like Kentucky and Tennessee and Florida, the list goes on and on. Why are these states helping their folks get insurance and Maine isn't?" What am I going to say? What are each of you going to say? "We didn't provide you with fully funded health insurance because we needed to study it." Gee, we couldn't find a way to provide you with a family doctor, but we did find a way to pay hospitals \$460 million. Don't worry. If you get sick, if you get really sick and think that you might actually die, you could always go to an emergency room and the hospitals will stabilize you and provide free charity care. Can any of us really fathom going back to our communities and having these conversations? Each of us needs to think about why we were elected and why are here and who we represent. I've only been here a short period of time and who knows how long I will be honored to serve the good working people of Westbrook, but I could serve here a long time and I cannot imagine that I will ever have the opportunity to cast a vote that will have such a dramatic positive impact on the people I serve. Ladies and Gentlemen of this House, the time is now. The opportunity is before you. Be on the right side. Slam the door shut on the problems of the past and give hope and security to 70,000 hardworking Mainers. Support the Majority Report and vote Ought to Pass. Thank you very much, Mr. Speaker.

The SPEAKER: A roll call having been previously ordered, the pending question before the House is Acceptance of the Majority Ought to Pass Pursuant to Joint Order 2013, S.P. 496 Report. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 116

YEA - Beavers, Beck, Berry, Bolduc, Briggs, Brooks, Campbell J, Carey, Cassidy, Chapman, Chenette, Chipman, Cooper, Daughtry, DeChant, Devin, Dickerson, Dill, Dion, Dorney, Evangelos, Farnsworth, Fowle, Frey, Gattine, Gideon, Gilbert, Goode, Graham, Grant, Hamann, Harlow, Hayes, Herbig, Hickman, Hubbell, Jones, Jorgensen, Kaenrath, Kent, Kornfield, Kruger, Kumiega, Kusiak, Lajoie, Libby N, Longstaff, Luchini, MacDonald W, Marks, Mason, Mastraccio, McCabe, McGowan, McLean, Monaghan-Derrig, Moonen, Moriarty, Morrison, Nadeau C, Nelson, Noon, Peoples, Plante, Powers, Priest, Pringle, Rankin, Rochelo, Rotundo, Russell, Rykerson, Sanborn, Saucier, Saxton, Schneck, Shaw, Stanley, Stuckey, Theriault, Tipping-Spitz, Treat, Verow, Villa, Welsh, Werts, Mr. Speaker.

NAY - Ayotte, Beaulieu, Bennett, Black, Campbell R, Chase, Clark, Cotta, Crafts, Cray, Crockett, Doak, Dunphy, Duprey, Espling, Fitzpatrick, Fredette, Gifford, Gillway, Guerin, Harvell, Jackson, Johnson D, Johnson P, Keschl, Kinney, Knight, Libby A, Lockman, Long, Maker, Malaby, Marean, McClellan, McElwee, Nadeau A, Newendyke, Nutting, Parry, Pease, Peavey Haskell, Pouliot, Reed, Sanderson, Short, Sirocki, Timberlake, Turner, Tyler, Volk, Wallace, Weaver, Willette, Wilson, Winchenbach, Winsor, Wood.

ABSENT - Beaudoin, Boland, Casavant, Davis, Hobbins, MacDonald S, Peterson.

Yes, 87; No, 57; Absent, 7; Excused, 0.

87 having voted in the affirmative and 57 voted in the negative, with 7 being absent, and accordingly the Majority **Ought to Pass Pursuant to Joint Order 2013, S.P. 496** Report was **ACCEPTED**.

The Bill was **READ ONCE**. **Senate Amendment "C" (S-108)** was **READ** by the Clerk and **ADOPTED**.

Under suspension of the rules the Bill was given its **SECOND READING WITHOUT REFERENCE** to the Committee on **Bills in the Second Reading**.

Representative FREDETTE of Newport **PRESENTED House Amendment "A" (H-195)**, which was **READ** by the Clerk.

The SPEAKER: The Chair recognizes the Representative from Newport, Representative Fredette.

Representative **FREDETTE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I will be very brief. H-195, House Amendment 195, is an amendment which essentially strips Part C of the bill. The purpose of and the intent of the amendment is that we would actually be then voting on essentially a bill that would be the liquor contract and paying the hospitals, and would then exclude the provisions of the current bill which would include the Medicaid expansion. And so, to be clear when we vote on this amendment, the amendment would essentially remove the parts which include the Medicaid expansion. So if you are in support of the liquor contract and paying the hospitals alone without Medicaid expansion, then you would vote for the amendment. If you are opposed to it, you would vote against it. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Bowdoinham, Representative Berry.

Representative **BERRY**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. With great respect for the Representative from Newport and for his interest in amending the bill in this way, I want to respectfully disagree and insist that our purpose here is not only to address symptoms of a problem but also to treat those symptoms. We need to address the cost drivers. We've had a lot of debate tonight about that so I won't go on, but it is inappropriate that we amend the bill in this way and I therefore move to Indefinitely Postpone House Amendment "A" and I further request a roll call.

The same Representative moved that **House Amendment "A" (H-195)** be **INDEFINITELY POSTPONED**.

The same Representative **REQUESTED** a roll call on the motion to **INDEFINITELY POSTPONE House Amendment "A" (H-195)**.

More than one-fifth of the members present expressed a desire for a roll call which was ordered.

The SPEAKER: A roll call has been ordered. The pending question before the House is Indefinite Postponement of House Amendment "A" (H-195). All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 117

YEA - Beavers, Beck, Berry, Bolduc, Briggs, Brooks, Campbell J, Carey, Cassidy, Chapman, Chenette, Chipman, Cooper, Daughtry, DeChant, Devin, Dickerson, Dill, Dion, Dorney, Evangelos, Farnsworth, Fowle, Frey, Gattine, Gideon, Gilbert, Goode, Graham, Grant, Hamann, Harlow, Hayes, Herbig, Hickman, Hubbell, Jones, Jorgensen, Kaenrath, Kent, Kornfield, Kruger, Kumiega, Kusiak, Lajoie, Libby N, Longstaff, Luchini, MacDonald W, Marks, Mason, Mastraccio, McCabe, McGowan, McLean, Monaghan-Derrig, Moonen, Moriarty, Morrison, Nadeau C, Nelson, Noon, Peoples, Plante, Powers, Priest, Pringle, Rankin, Rochelo, Rotundo, Russell, Rykerson, Sanborn, Saucier, Saxton, Schneck, Shaw, Short, Stanley, Stuckey, Theriault, Tipping-Spitz, Treat, Verow, Villa, Welsh, Werts, Mr. Speaker.

NAY - Ayotte, Beaulieu, Bennett, Black, Campbell R, Chase, Clark, Cotta, Crafts, Cray, Crockett, Doak, Dunphy, Duprey, Espling, Fitzpatrick, Fredette, Gifford, Gillway, Guerin, Harvell, Jackson, Johnson D, Johnson P, Keschl, Kinney, Knight, Libby A, Lockman, Long, Maker, Malaby, Marean, McClellan, McElwee, Nadeau A, Newendyke, Nutting, Parry, Pease, Peavey Haskell, Pouliot, Reed, Sanderson, Sirocki, Timberlake, Turner, Tyler, Volk, Wallace, Weaver, Willette, Wilson, Winchenbach, Winsor, Wood.

ABSENT - Beaudoin, Boland, Casavant, Davis, Hobbins, MacDonald S, Peterson.

Yes, 88; No, 56; Absent, 7; Excused, 0.

88 having voted in the affirmative and 56 voted in the negative, with 7 being absent, and accordingly **House Amendment "A" (H-195)** was **INDEFINITELY POSTPONED**.

Representative FREDETTE of Newport **PRESENTED House Amendment "B" (H-196)**, which was **READ** by the Clerk.

The SPEAKER: The Chair recognizes the Representative from Newport, Representative Fredette.

Representative **FREDETTE**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. I will again try to be brief. The purpose of this amendment is to in fact create a study group, a study group which would be made up of 13 people, like most study groups that we do in this building, made up of 13 members. Five members of the Senate appointed by the President of the Senate, including at least two members of the party holding the second largest number of seats in the Legislature; five members of the House of Representatives appointed by the Speaker of the House, including at least two members from the party holding the second largest number of seats in the Legislature; one member representing the health care industry appointed by the President of the Senate; one member appointed by the Governor; and the Commissioner of the Health and Human Services. The issues that this Commission would be asked to look at would be to look at the projected cost to the state associated with expansion of Medicaid eligibility during the 10 years immediately following such an expansion. It would also address the question of the potential cost to the state associated with an expansion of Medicaid

eligibility during the period following the time period described in paragraph A. It would also look at the limitations on growth to MaineCare that may be implemented to ensure that the state's other budget priorities receive adequate funding. It would also look at the results of the expansion of Medicaid eligibility that occurred in the state in 2002 and whether and how these results might be the current question of expanding Medicaid eligibility. It would also address three additional items: the existence of less costly alternatives to expanding Medicaid eligibility that might result in a reduction in the number of uninsured individuals in the state, such as utilization of the Health Insurance Exchange to be established under the federal Patient Protection and Affordable Care Act; the possibility of attaining from the Federal Government higher Medicaid matching rates or other benefits, such as the expansion of Medicaid as proposed in Legislative Document 1066; and finally, other issues related to the study group determined appropriate.

Ladies and Gentlemen of the House, what this amendment proposes to do is that which we do best, that which we do together, working together, to find out what is the best solution for the people of the State of Maine, not for a particular party, not for a particular branch of government but that we do this together. I would ask, Mr. Speaker and Ladies and Gentlemen of the House, that this is the proper way to be doing this. We have the time to do this and do this right, and I believe that if we put our best people on this group, we can come up with a solution, a solution that is best for the people of the State of Maine, a solution that will help those people that both sides of the aisle have talked about which is insuring people who need insurance, who most need insurance and most need coverage. We can do this, but we need to do it together. If we do not do it together, it will not get done, and I submit to you that this is the proper mechanism to do it. Thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Bowdoinham, Representative Berry.

Representative **BERRY**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I submit to you that there is nothing more to study. It is time to act and we must not miss the opportunity before us. I had the great pleasure of traveling to Washington, D.C., with the good Representative from Newport and speaking with Kathleen Sebelius back in February. It's now late May and we still have not acted. The Federal Government has offered Maine a bargain. There has been clear guidance from the Federal Government. We know what we need to do; we just need to do it. We know that we will get 100 percent match from the Federal Government for all of our newly eligible members, including 10,500 childless adults we are already providing coverage for. This deal is an incredible one and one that we must take now. We are almost through with our session. It's time to prepare for implementation and act now to take advantage of this opportunity. For that reason, I move respectfully to Indefinitely Postpone House Amendment "B" and I further request a roll call. Thank you, Mr. Speaker.

The same Representative moved that **House Amendment "B" (H-196)** be **INDEFINITELY POSTPONED**.

The same Representative **REQUESTED** a roll call on the motion to **INDEFINITELY POSTPONE House Amendment "B" (H-196)**.

More than one-fifth of the members present expressed a desire for a roll call which was ordered.

The SPEAKER: A roll call has been ordered. The pending question before the House is Indefinite Postponement of House Amendment "B" (H-196). All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 118

YEA - Beavers, Beck, Berry, Bolduc, Briggs, Brooks, Campbell J, Carey, Cassidy, Chapman, Chenette, Chipman, Cooper, Daughtry, DeChant, Devin, Dickerson, Dill, Dion, Dorney, Evangelos, Farnsworth, Fowle, Frey, Gattine, Gideon, Gilbert, Goode, Graham, Grant, Hamann, Harlow, Hayes, Herbig, Hickman, Hubbell, Jones, Jorgensen, Kaenrath, Kent, Kornfield, Kruger, Kumiega, Kusiak, Lajoie, Libby N, Longstaff, Luchini, MacDonald W, Marks, Mason, Mastraccio, McCabe, McGowan, McLean, Monaghan-Derrig, Moonen, Moriarty, Morrison, Nadeau C, Nelson, Noon, Peoples, Plante, Powers, Priest, Pringle, Rankin, Rochelo, Rotundo, Russell, Rykerson, Sanborn, Saucier, Saxton, Schneck, Shaw, Short, Stanley, Stuckey, Theriault, Tipping-Spitz, Treat, Verow, Villa, Welsh, Werts, Mr. Speaker.

NAY - Ayotte, Beaulieu, Bennett, Black, Campbell R, Chase, Clark, Cotta, Crafts, Cray, Crockett, Doak, Dunphy, Duprey, Espling, Fitzpatrick, Fredette, Gifford, Gillway, Guerin, Harvell, Jackson, Johnson D, Johnson P, Keschl, Kinney, Knight, Libby A, Lockman, Long, Maker, Malaby, Marean, McClellan, McElwee, Nadeau A, Newendyke, Nutting, Parry, Pease, Peavey Haskell, Pouliot, Reed, Sanderson, Sirocki, Timberlake, Turner, Tyler, Volk, Wallace, Weaver, Willette, Wilson, Winchenbach, Winsor, Wood.

ABSENT - Beaudoin, Boland, Casavant, Davis, Hobbins, MacDonald S, Peterson.

Yes, 88; No, 56; Absent, 7; Excused, 0.

88 having voted in the affirmative and 56 voted in the negative, with 7 being absent, and accordingly **House Amendment "B" (H-196)** was **INDEFINITELY POSTPONED**.

Subsequently, under further suspension of the rules the Bill was **PASSED TO BE ENGROSSED as Amended by Senate Amendment "C" (S-108)** in concurrence. **ORDERED SENT FORTHWITH.**

CONSENT CALENDAR

First Day

In accordance with House Rule 519, the following items appeared on the Consent Calendar for the First Day:

(H.P. 909) (L.D. 1270) Bill "An Act To Provide That Innkeepers and Certain Campground Operators Are Not Considered Landlords" (EMERGENCY) Committee on **VETERANS AND LEGAL AFFAIRS** reporting **Ought to Pass**

(H.P. 121) (L.D. 146) Bill "An Act To Prohibit Unfair Discrimination in Long-term Care Insurance" Committee on **INSURANCE AND FINANCIAL SERVICES** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-211)**

(H.P. 265) (L.D. 390) Bill "An Act To Restore MaineCare Coverage for Ambulatory Surgical Center Services" (EMERGENCY) Committee on **HEALTH AND HUMAN SERVICES** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-215)**

(H.P. 458) (L.D. 666) Bill "An Act To Limit the Amount a School Administrative Unit May Spend without Voter Approval" Committee on **EDUCATION AND CULTURAL AFFAIRS** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-217)**

(H.P. 493) (L.D. 721) Bill "An Act To Provide Transparency in Public-private Partnerships for Transportation Projects" Committee on **TRANSPORTATION** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-212)**

Under suspension of the rules, Second Day Consent Calendar notification was given.

There being no objection, the House Papers were **PASSED TO BE ENGROSSED** or **PASSED TO BE ENGROSSED as Amended** and sent for concurrence.

By unanimous consent, all matters having been acted upon were **ORDERED SENT FORTHWITH**.

At this point, the Members of the House stood and joined in a moment of silence in memory of Nicole Cable, of Glenburn.

On motion of Representative GUERIN of Glenburn, the House adjourned at 10:02 p.m., until 10:00 a.m., Wednesday, May 22, 2013 in honor and lasting tribute to the Honorable Ernest C. Greenlaw, of South Portland, Alan B. Ordway, of Bridgton, Milton C. Hillery, of Orono and Nicole Cable, of Glenburn.